

FILE NOW: FILING FEE AFTER MAY 1ST IS ~~\$550.00~~ 61.75

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90058 038 ****61.75

DOCUMENT # N17053 (2)

1. Corporation Name

TANGIERS RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
18695 COLLINS AVENUE #137
NORTH MIAMI BEACH FL 33160

Mailing Address
18695 COLLINS AVENUE #137
NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/86

4. FEI Number

59-2918162

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

VLACHOS, TOM
5220 N.W. 72ND AVE
SUITE 22
MIAMI FL. 33166

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/3/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	VLACHOS, TOM	
STREET ADDRESS	5220 N.W. 72ND AVE #22	
CITY-ST-ZIP	MIAMI, FL.	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HOPMAN, JOSEPH	
STREET ADDRESS	3550 N.W. 1173 LANE	
CITY-ST-ZIP	SUNRISE, FL.	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MCDONOUGH, SAM	
STREET ADDRESS	1400 TRACY DEE WAY	
CITY-ST-ZIP	LONGWOOD, FL.	
TITLE	D.	<input type="checkbox"/> DELETE
NAME	ORCUTT, FRANK	
STREET ADDRESS	61 COMMONWEALTH AVE	
CITY-ST-ZIP	W. BRIDGEWATER, MASS.	
TITLE	D.	<input type="checkbox"/> DELETE
NAME	VISCITO, CHARLES	
STREET ADDRESS	18695 COLLINS AVE #137	
CITY-ST-ZIP	MIAMI BEACH, FL.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-3-99

305-932-1200