

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 25 1997 8:00am  
Secretary of State

DOCUMENT # **N17098** (7)

1. Corporation Name

**STOR-ALL CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O JEFF M. ANDERSON  
1880 DR. ANORES WAY, SUITE B  
DELRAY BEACH FL 33445  
US

C/O JEFF M. ANDERSON  
1880 DR. ANORES WAY, SUITE B  
DELRAY BEACH FL 33445  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1986

3a. Date of Last Report

01/31/1996

4. FEI Number

59-2750083

Applied For

Not Applicable

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSON, JEFF M.  
1880 S.W. SECOND STREET  
1880 DR. ANDRE'S WAY- SUITE B  
DELRAY BEACH FL 33445

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ~~ANDERSON, JEFF M.~~  
STREET ADDRESS 1880 DR. ANDRE'S WAY, SUITE #B  
CITY-ST-ZIP DELRAY BEACH FL

TITLE VD ☐ DELETE

NAME ANDERSON, JEFF M.  
STREET ADDRESS 1880 DR. ANDRE'S WAY, SUITE B  
CITY-ST-ZIP DELRAY BEACH FL

TITLE STD ☐ DELETE

NAME ANDERSON, CHARLES Q.  
STREET ADDRESS 1880 DR. ANDRE'S WAY, SUITE B  
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D. ☒ Change ☐ Addition

1.2 NAME NORMAN E. ANDERSON  
1.3 STREET ADDRESS 1880 DR. ANDRE'S WAY  
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33445

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norman E. Anderson*  
SIGNATURE REQUIRED

8/10/97 561 770 0030

CR2E037 (4/97)