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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N26860 DOCUMENT #

(9)

IIIL OLA	ABURY CONDOMINIUM /	ASSOCIATION, INC.							
Principal Place o	of Business	Mailing Address	-						
1060 SWALLOW AVE. MARCO ISLAND FL 33937 US		PO BOX 308 C/O MOSTAFA MOZAYENY MARCO ISLAND FL 33969 US			3. Date incorporated or Qualified 06/08/1988		ate of Last F 04/12/19		
		2a. Mailing Address				4. FEI Number			pplied For
. Principal Plac	ce of Business	26. Mailing Address				65-0126869			lot Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
		27 Cit. 8 Ctata				6. Election Campaign Financing			May Be
City & State		City & State				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cour	ntry		B. This corporation has liability for	intangible 1 Yes [tax under s.	199.032,
]	25	29	30			Florida Statutes 10. Name and Address of New R			
	9. Name and Address of Cur	rent Registered Agent		81 N	Name	10. Haire and Address of the			
				- 1		ess (P.O. Box Number is Not Acceptab	ule)		
HAUSLEF	R, GARY J.		Ì	62 S	Street Addre	ess (P.O. Box Multiper is Not Acceptate			
1000 N. C	COLLIER BLVD., SUITE 12 ISLAND FL 33937		ļ	83					
MARCUI	POTATO LE 2020.			84 (City			85 Zip	Code
						ration submits this statement for the pured of directors. I hereby accept the app	<u> </u>	banaina ita r	agistared office
familiar wit	in, and accept the obligations on	Section 617.0503, Florida Statut	es.						
NO. LATURE	Signature, typeo or printed name of registered	agent and title if applicable	NOTE Registered			ration submits this statement for the purd of directors. I hereby accept the application of the control of the	DATE		
SIGNATURE _	Signature, typeo or printed name of registered OFFICERS	ag-nt and title if applicable AND DIRECTORS		Agent si			DATE		ORS IN 12
IZ.	Signature, types or printed name of registered OFFICERS	agent and title if applicable	NOTE Registered	Agent si		ed when reinstating)	DATE	ND DIRECTO	ORS IN 12
SIGNATURE	Signature, typeo or printed name of registered OFFICERS	ag-nt and title if applicable AND DIRECTORS	13. 1.1 TI	Agent si	ignature require	ed when reinstating)	DATE	ND DIRECTO	ORS IN 12
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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 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 certify 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 changed or on an attachment with an address.

| Comparison of the corporation of the corporatio

SIGNATURE: _>

11/14/14 314-942-1330°