FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

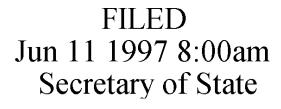
Sandra B. Mortham 🎺

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

BAUGHER CONDOMINIUM ASSOCIATION, INC.





Principal Place of Business Mailing Address							
180 PINELLAS LANE #101 COCOA BEACH FL \$2931		180 PINELLAS LANE #101 COCOA BEACH FL 32831-3332					
				_	3. Date Incorporated or Qualified 10/17/1988	3a. Date of Last Report 06/25/1996	
_	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-3075431	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Coun	try	8. This corporation has liability for i		
24	9. Name and Address of Current	29 Registered Agent	30		Florida Statutes 10. Name and Address of New Reg	Yes No	
	B. Hallie and Address of Correla	nagisteres Agent		B1 Name /	· · · · · · · · · · · · · · · · · · ·	herelen Whalir	
DEEDI DO TAMEO WA III					Flenn T. Sundin	Espuire	
PEEPLES, JAMES W. III 505 NORTH ORLANDO AVENUE				Street Ad	dress (P.O. Box Number is Not Acceptable 3 Brevard Aver		
COCOA BEACH FL 32932-0757						<u> </u>	
				34 City 1		85 Zip Code	
				" C" C	ocoa	FL 85 Zip Code 32922	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	tes, the abo	ove-named co	orporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing its registered	
agent. I s	am familiar with, and accept the obligat	ions of, Section 617.0503, F	lorida Statu	tes.	· ·	<u>, ' '</u>	
SIGNATURE	Slenn	T. sundin		Atto	orney	4-23-97	
12.	Signature, typed or printed name of registered agent OFFICERS AND		TE: Registered	Agent signature req	quired why in reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTORS IN 12	
TITLE	PST	DELETE	1,1 1111	E	Additional of the of the	Change Addition	
NAME	KNIGHT, DEBBIE	_	1.2 NAN	ńE			
STREET ADDRESS	442 S ATLANTIC AVE #2		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	COCOA BEACH FL	/	1.4 CITY	r-ST-ZIP			
TITLE	D	DELETE	2.1 TITL	.E		Change Addition	
NAME	NELSON, MORRIS		2.2 NAN	AE			
STREET ADDRESS	180 PINELLAS LANE #101		2.3 STR	EET ADDRESS			
CITY-ST-ZIP	COCOA BEACH FL			Y-ST-ZIP			
TITLE	D	DELETE	3.1 TITL			Change Addition	
NAME	KNIGHT, DEBBIE		3.2 NAN				
STREET ADDRESS	442 SO ATLANTIC AVE #2			EET ADDRESS			
CITY-ST-ZIP TITLE	COCOA BCH FL	DELETE	3.4. Cit	Y-ST-ZIP	D	Change Addition	
NAME	0-1 01 0 0		4.1 IIIC	MF R	object A. Bauaher	E CHANGE E ROUMON	
STREET ADDRESS	Robert A. Baugher 180 Pinellas Ln #101		4.3 STR	EET ADDRESS 179	obert A. Baugher 80 Pinellas Ln #10 1		
CITY-ST-ZIP	Cocoa Black FL 32931			-ST-ZIP	ocna Beach FL 32931		
TITLE	SERVICE D	DELETE	5.1 TITL	E	D	Change Addition	
NAME	Robin Chamberlin		5.2 NAM		Robin Chamberlin		
STREET ADDRESS	180 Pinellas Ln #101		5.3 STR		BO Pinellas La HIOI		
CITY-ST-ZIP	Cocoa Beach FL 32931		_		000a Beach, FL 32931		
TITLE	sure a contract of	☐ DELETE	6.1 TITL	ļ		Change Addition	
NAME			6.2 NAV				
STREET ADDRESS	to No. 18 to			EET ADDRESS			
CITY-ST-ZIP	by certify that the information supplied	with this filing does not quet		Y-ST-ZIP	ed in Section 119 07(3)(i). Florida Statutes	I further certify that the	

I do nereby certify that the information supplied with this filling 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.