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NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N37698

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TANGERINE BAY CLUB ASSOCIATION, INC. Principal Place of Business C/O CONDOMNUM MART INC 1001 GUNNEYS 1001 G	1. Corporation	n Name					` '					1						
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CONDOMINIUM MGMT INC 1801 CLENQARY ST SUTE 600 SARSOTA FL 34231-0603 T1. Pursuant to the provisions of Sections 617 0502 and 617 1506, Florida Statutes, the above-named corporation's submitted for the appointment as registered agent. Tail million of the purpose of changing like registered agent. Tail million of the purpose of changing like registered agent. Tail million with, and capet the children of Sections 617 0502 and 617 1506, Florida Statutes, the above-named corporation submitts this statement for the purpose of changing like registered agent. Tail million with, and submitted the provisions of Sections 617 0502 and 617 1506, Florida Statutes, the above-named corporation submitts this statement for the purpose of changing like registered agent. Tail million with, and million with, and capet the children of Section 1700. Florida Statutes, the above-named corporation submitts this statement for the purpose of changing like registered agent. Tail million with, and capet the children of Section 1700. Florida Statutes, the above-named corporation submitts this statement for the purpose of changing like registered agent. Tail million with, and capet the children of the purpose of changing like registered agent. Tail million with, and to the provisions of Sections 617 1506, Florida Statutes, the above-named corporation submitts this state registered agent. Tail million with, and to the purpose of changing like registered agent. Tail million with, and to the purpose of changing like registered agent. Tail million with, and to the purpose of changing like registered agent. Tail million with and the purpose of changing like registered agent. Tail million with	.	#, etc.			2	— ' ' '					5.	Certificate of Status De	esired		T			
Zip		 9		··········								6. Election Campaign Financing \$5.00 May Be						
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 14. Particular to the provisions of Sections 617 0502 and 617 1506, florids Statutes, the above named corporation submits this statement for the purpose of Changing its registered agenct. I am familiar with, and accept the obligations of, Section 617,0503 Florida Statutes, the above named corporation submits this statement for the purpose of Changing its registered agenct. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above named corporation submits this statement for the purpose of Changing its registered agenct. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above named corporation submits this statement for the purpose of Changing its registered agenct. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above named corporation submits this statement for the purpose of Changing its registered agenct. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above named corporation submits this statement for the purpose of Changing its registered agenct. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above named of directors. I hereby accept the appointment as registered agenct. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above named of directors. I hereby accept the appointment as registered agenct. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above named addition with the statutes of the appointment as registered agenct. I am familiar with, and accept the appointment as registered agenct. I am familiar with, and accept the appointment as registered agenct. I am fa			T	<u></u>	2													
9. Name and Address of Current Registered Agent CONDOMINIUM MGMT INC 1801 GLENGARY ST SUTE 600 SARSOTA FL 34231-0603 84 City FL 85 Zip Code Office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In almian with, and accept the calipations of, Section 617,0503, Profited Statutes, but above-named corporation's board of directors. I hereby accept the appointment as registered agent and almian agent and administration of the purpose of changing its registered agent. In almian and administration of the purpose of of the purpose of changing its registered agent. In almian with, and accept the calipations of, Section 617,0503, Profitad Statutes. SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INIT. PD		<u>⊢</u> , ′																
CONDOMINIUM MGMT INC 1801 GLENGARY ST SUITE 600 SARSOTA FL 34231-0803 FL 01ty FL 05 Zip Code T1. Pursuant to the provisions of Sections 617 0502 and 617.1508, Floride Statutias, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or familiar with, and accept the objection 67.0503, Pricinde Statutias. SIGNATURE Signature registered agent, or both, in the State of Floride. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the objection 67.0503, Pricinde Statutias. SIGNATURE Signature registered agent, or both, in the State of Floride. Statutias, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the objection 67.0503, Pricinde Statutias. SIGNATURE Signature registered agent, or both, in the State of Floride. Statutias, the above-named corporation's board of directors. I hereby accept the appointment as registered dependence of the purpose of changing its registered segment agent. In the corporation's board of directors. I hereby accept the appointment as registered segment as registered segment as authorized by the corporation's board of directors. I hereby accept the appointment as registered segment as registered agent, or board of directors. I hereby accept the appointment as registered dependence of the corporation's board of directors. I hereby accept the appointment as registered dependence of the corporation's board of directors. I hereby accept the appointment as registered dependence of the pricing agent. In the corporation's board of directors. I hereby accept the appointment as registered agent, or board of directors. I hereby accept the appointment as registered accepts and the corporation's board of directors. I hereby accept the appointment as regis		9. Name		Address of Curr			Agent	<u> </u> 30	<u> </u>									
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SUITE 600 SARSOTA FL 34231-0803 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 ubmits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered spent and the provision's board of directors. I hereby accept the purpose of changing its registered spent and the provision's board of directors. I hereby accept the population as registered spent and the provision's board of directors. I hereby accept the population and provision's board of directors. I hereby accept the population and provision's board of directors. I hereby accept the population and provision's board of directors. I hereby accept the population and provision's board of directors. I hereby accept the population and provision's board of directors. I hereby accept the population and provision's board of directors. I hereby accept the population and provision's board of directors. I hereby accept the population and provisions and provision's board of directors. I hereby accept the population and provision's board of directors. I hereby accept the population and provision's board of directors. I hereby accept the population as registered addition. In the provisions of socions of 17,0502 and provision's board directors. I hereby accept the population as registered acceptances. In the provisions of provisions of sections of 17,0502 and provision's board directors. I hereby accept the population and provisions acceptance acceptan										82 Street Address			P.O. Box Number is Not	Acceptab	le)			
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11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Floridis Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floridis Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and familiar with, and accept the obligations of, Section 617 0503, Floridis Statutes. SIGNATURE Signalure Signalure		03		84	City			·····			85	Zip C	ode					
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Signature, bycad or printed name of registered agent and tills if applicable. (NOTE: Registered Apent agent applied when reinstalling) DATE		m familiar w	ith, ar	id accept the obi	gations	3 OT, SECTI	ion 617.0503, Fil	orida Si	latutes	Б,								
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n supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the eport or supplemental annual coport is true and accurate and that my signature shall have the same legal effect as if made under oath; that oration or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name langery or on an attachment with an address. 14. I do hereby certify that the ininformation indicated on this I am an officer or direct appears in Block 12

6.4 CITY-ST-ZIP

SIGNATUR

SARASOTA FL

CITY-ST-ZIP

FILED

May 13 1997 8:00am

Secretary of State