

FILE NOW: FILING FEE IS \$61.25

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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37896** (0)

1. Corporation Name

CHC OFFICE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1700 S. TAMiami TRAIL C/O JEAN COLLINS SARASOTA FL 34239 US	Mailing Address 1700 S. TAMiami TRAIL C/O JEAN COLLINS SARASOTA FL 34239-3509 US
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3. Date Incorporated or Qualified **04/30/1990** 3a. Date of Last Report **05/30/1996**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number **65-0206592** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**COLLINS, JEAN
1700 S. TAMiami TRAIL
SARASOTA FL 34239**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JEAN	1.2 NAME	
STREET ADDRESS	1700 S. TAMiami TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REHMANI, MASOOD Z. M	2.2 NAME	
STREET ADDRESS	6075 RAND BOULEVARD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. DAVID ROSS	3.2 NAME	DONALD RUTHERFORD
STREET ADDRESS	1700 S. TAMiami TRAIL	3.3 STREET ADDRESS	6075 RAND BLVD, SUITE 3
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA, FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Jean Collins* **REQUIRED** 2/24/97 941-917-6656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063582

CR2E037 (9/96)