

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N42473** (1)

1. Corporation Name

TOCOBAGA BAY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O FRANK C. LAMBERT
~~130 NORTH TAMiami TRAIL SUITE 202~~
SARASOTA FL 34236

C/O FRANK C. LAMBERT
~~130 NORTH TAMiami TRAIL SUITE 202~~
SARASOTA FL 34236

3. Date Incorporated or Qualified
03/13/1991

3a. Date of Last Report
06/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **308 COCOANUT AVE**

26 **308 COCOANUT AVE**

4. FEI Number
65-0268978

Applied For
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **C-1**

27 **C-1**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 City & State

City & State

24 Zip

Country

29 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMBERT, FRANK C.
~~130 N TAMiami TRAIL SUITE 202~~
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

308 COCOANUT AVE
SUITE C-1

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

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

FRANK LAMBERT

(NOTE: Registered Agent signature required when reinstating)

5/1/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **LAMBERT, FRANK C**
CITY-ST-ZIP **130 N TAMiami TRAIL #202**
SARASOTA FL 34236

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS **308 COCOANUT AVE #C-1**
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VTD**
STREET ADDRESS **TOMOVICH, TOM**
CITY-ST-ZIP **500 HARBOR COVE CIRCLE**
SARASOTA FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **LAMBERT, ANITA**
CITY-ST-ZIP **130 N TAMiami TRAIL #202**
SARASOTA FL

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS **308 COCOANUT AVE. #C-1**
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

FRANK LAMBERT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK C. LAMBERT

5/1/96

Date

941/953-3147

Daytime Phone #

CR2E037 (12/95)