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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N48527 DOCUMENT #

(8)

THE MEST CONDOMINIUM ASSOCIATION INC

| Principal Place of Business Mailing Address 1875 PARLIAMENT WAY CLEARWATER FL 34624 CLEARWATER FL 34624 | | | | | | | | |
|---|--|--------------------------------|-------------------------|----------------------------------|--|-----------------------------|------------------------|------------------------------|
| OLEMINA, E. | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | VEZITATION I | | | 3. Date Incorporated or Qualified 04/20/1992 | 3a. Date (| of Last F /01/19 | Report 195 |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number NOT APPLICABLE | | ⊢ + | pplied For lot Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 | Additional Required | |
| City & State | | City & State | | 6. Election Campaign Financing | | | May Be | |
| 23 | | 28 | | | Trust Fund Contribution | | | to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 | | This corporation has liability for it Florida Statutes | ntangible taxu ∃ Yes ☑No | | 199.032, |
| | 9. Name and Address of Curre | | 1001 | | 10. Name and Address of New R | | | |
| | | | 81 | Name | | | | |
| WINTER | HALTER, PAUL B | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptab | le) | | |
| | AK PARK DRIVE N | | | Oli Odi / Kad | | | | |
| CLEARW | VATER FL 34624 | | 83 | | | | | |
| | | | 84 | City | | FL | 65 Zip | Code |
| 11 Durauant | to the provisions of Sections 617.05 | 00 and 617 1508 Florida State | utee the shove- | named corner | ration submits this statement for the pur | , | ing its re | enistered office |
| or registe | red agent, or both, in the State of Fic | orida. Such change was author | rized by the corp | oration's boa | rd of directors. I hereby accept the appoint | pintment as reg | jistered | agent. I am |
| · · | ith, and accept the obligations of, Se | ction 617.0503, Florida Statut | es. | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agr | ent and title it applicable (| NOTE: Registered Age | nt signature require | d when reinstaling) | DATE | | |
| 12. | | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | | | |
| TITLE | VD | DELETE | 1.1 TITLE | | | | Change | ☐ Addition |
| NAME | WINTERHALTER, DAVID P | | 1.2 NAME | | | | | |
| STREET ADDRESS | 747 CHESAPWAKE DRIVE | | | T ADDRESS | | | | |
| CITY-ST-ZIP | TARPON SPRINGS FL | □ DELE1E | 1.4 Crity-1 | ST - ZIP | | | Change | Addition |
| TITLE | PD NAINTEOLIAITED DALII D | | 21 TITLE | | | ш. | Jilanyc | Audition |
| NAME | WINTERHALTER, PAUL B 1860 OAK PARK DRIVE N | | 22 NAME | T ADDRESS | | | | |
| STREET ADDRESS | CLEARWATER FL | | | T ADDRESS | | | | |
| CITY-ST-ZIP TITLE | SD | DELETE | 2 4 CiTY - 3 1 TITLE | 017411 | | [] | Change | Addition |
| NAME | BEST, CARRA S | | 3.2 NAME | Ì | | _ | - | _ |
| STREET ADDRESS | 1100 GULF BLVD | | 3.3 STREE | I ADDRESS | | | | |
| CITY-ST-ZIP | BELLEAIR SHORES FL | | 3.4 CITY- | | | | | |
| TITLE | TD | DELETE | 4.1 TITLE | | | | Change | Addition |
| NAME | CHRISTIANO, EDWARD J | | 4. 2 NAME | | | | | |
| STREET ADDRESS | 1875 PARLIAMENT WAY | | 4.3 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | CLEARWATER FL | · <u></u> | 4.4 CITY - | ST-ZIP | | | | |
| TITLE | | DELETE | 5.1 TVTLE | | | | Change | ■ Addition |
| NAME | | | 5 2 NAME | | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY- | S!-ZIP | | | Change | Addition |
| TITLE | | [_]DELETE | 61 TITLE | | | L.J | onange | M VARIOU |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | 1 | | 6.4 CITY- | 21-715 | | | | |

14. Too hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 consoration 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 pn an attachment with an address.

SIGNATURE SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96 (8/3) 5 3/-38 36