FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 24 1997 8:00am

Secretary of State

Daytime Phone # 0067618

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

N48527

(8)

THE NEST CONDOMINIUM ASSOCIATION, INC.

· · · · · · · · · · · · · · · · · · ·					
Principal Place of Business		Mailing Address		1 :##15.60 All Bridgt #6.60 Alter pant im	ti mihili dipir mimir ardil atasi dimir radi
1875 PARLIAMENT WAY CLEARWATER FL 34624 CLEARWATER FL 34624 CLEARWATER FL 34624		7568			
				3. Date Incorporated or Qualified 04/20/1992	3a. Date of Last Report 03/13/1996
2. Principal Plant	ace of Business	2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. (W. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for int	angible tax under s. 199.032, Yes No
=-14	9. Name and Address of Curren	.,,		10. Name and Address of New Regi	stered Agent
		-	81 Name		
	HALTER, PAUL B		82 Street Add	Iress (P.O. Box Number is Not Acceptable)
1860 OAK PARK DRIVE N CLEARWATER FL 34624			83		
			84 City		FL 85 Zip Code
office or re agent. I ar	o the provisions of Sections 617.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 617.1508, Florida Statu of Florida. Such change was ations of, Section 617.0503, F	ites, the above-named cor authorized by the corpora torida Statutes.	poration submits this statement for the put ation's board of directors. I hereby accept	pose of changing its registered the appointment as registered
SIGNATURE _	Signature, typed or printed name of registered age	int and little if applicable {NO	TE: Registered Agent signature requ		DATE
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	VD	☐ DELETE	1.1 TITLE		Change Addition
NAME	WINTERHALTER, DAVID P		1.2 NAME		
STREET ADDRESS	747 CHESAPWAKE DRIVE		1.3 STREET ADDRESS		
CHTY-SI-ZIP	TARPON SPRINGS FL	☐ DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	PD MAINTEONALTED DALIL D		2.1 TITLE	•	FT cyanife FT vicinion
NAME SIDEST FORDERS	WINTERHALTER, PAUL B 1860 OAK PARK DRIVE N		2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP		
TITLE	SD	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BEST, CARRA S		3.2 NAME		
STREET ADDRESS	1100 GULF BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR SHORES FL		3.4. CITY-ST-ZIP	Elia	
TITLE	TD	☐ DELETE	4.1 TITLE		Change Addition
NAME	CHRISTIANO, EDWARD J		4. 2 NAME	, *	
STREET ADDRESS	1875 PARLIAMENT WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	- I or ext	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	·	Change Addition
TITLE NAME		F DETECT	6.2 NAME	:	FT Subudo FT Modition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY-ST-ZIP		
14. Ldo heret	by certify that the information supplie	d with this filing does not qua	lify for the exemption state	ed in Section 119.07(3)(i), Florida Statutes.	I further certify that the
information Lam an of	ri indicated on this annual report or s	supptemental annual report is rithe receiver or trustee empo	true and accurate and the wered to execute this repo	at my signature shalf have the same legal ort as required by Chapter 617, Florida Sta	effect as if made under oath; that