

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000002832 (4)

1. Corporation Name

805 DEL PRADO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

805 DEL PRADO PARKWAY
CAPE CORAL FL 33990

Mailing Address

805 DEL PRADO PARKWAY
CAPE CORAL FL 33990

3. Date Incorporated or Qualified
06/24/1993

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0376430

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Zip

Country

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

SHERIDAN, HOWARD M
3680 BROADWAY
FT MYERS FL 33901

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SHERIDAN, HOWARD M
805-A DEL PRADO BLVD.
CAPE CORAL FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
KNIFIC, RANDOLPH J
805-A DEL PRADO BLVD
CAPE CORAL FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
CARRON, MICHAEL J
805-A DEL PRADO BLVD
CAPE CORAL FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
BOBMAN, STUART A
805-A DEL PRADO BLVD
CAPE CORAL FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
SHAVER, RODGER W
805-A DEL PRADO BLVD
CAPE CORAL FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
KRIVISKY, BRIAN A
805-A DEL PRADO BLVD
CAPE CORAL FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Carron 4-29-96

Date

(941) 936-2316

Daytime Phone #

CR2E037 (12/95)

N93000002832

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DV
MARGOLIN, CHAIM J.
805-A DEL PRADO BLVD.
CAPE CORAL, FL 33990