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Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002832 (4)

1. Corporation Name

805 DEL PRADO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

805 DEL PRADO PARKWAY
CAPE CORAL FL 33990805 DEL PRADO PARKWAY
CAPE CORAL FL 339903. Date Incorporated or Qualified
06/24/19933a. Date of Last Report
05/28/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0376430Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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 DP ☐ DELETE
NAME SHERIDAN, HOWARD M
STREET ADDRESS 805-A DEL PRADO BLVD.
CITY-ST-ZIP CAPE CORAL FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE DV ☐ DELETE
NAME KNIFIC, RANDOLPH J
STREET ADDRESS 805-A DEL PRADO BLVD
CITY-ST-ZIP CAPE CORAL FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DST ☐ DELETE
NAME CARRON, MICHAEL J
STREET ADDRESS 805-A DEL PRADO BLVD
CITY-ST-ZIP CAPE CORAL FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE DV ☐ DELETE
NAME BOBMAN, STUART A
STREET ADDRESS 805-A DEL PRADO BLVD
CITY-ST-ZIP CAPE CORAL FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE DV ☐ DELETE
NAME SHAVER, RODGER W
STREET ADDRESS 805-A DEL PRADO BLVD
CITY-ST-ZIP CAPE CORAL FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE DV ☐ DELETE
NAME KRIMSKY, BRIAN A
STREET ADDRESS 805-A DEL PRADO BLVD
CITY-ST-ZIP CAPE CORAL FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97

(941) 936-2316

CP2E037 (9/96)