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Apr 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005168 (0)

1. Corporation Name

BADGER BUILDING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

444 3RD ST.
NEPTUNE BEACH FL 32266444 3RD ST.
NEPTUNE BEACH FL 32266-51113. Date Incorporated or Qualified
11/10/19933a. Date of Last Report
07/09/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRENTA, JODI L
442 THIRD STREET
NEPTUNE BEACH FL81 Name Jodi L. Strenta Same
82 Street Address (P.O. Box Number is Not Acceptable)
442 Third St.
83
84 City Neptune Beach FL 85 Zip Code 32266

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	WINTRODE, LEE	
STREET ADDRESS	442 3RD ST.	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	D	☐ DELETE
NAME	GLICKSTEIN, JOSEPH M	
STREET ADDRESS	444 3RD ST.	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	
TITLE	DVP	☐ DELETE
NAME	MCCORMICK, J.T.	
STREET ADDRESS	446 3RD ST.	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	S	☐ DELETE
NAME	WINTRODE, JODI	
STREET ADDRESS	442 3RD STREET	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 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, changed, or on an attachment with an address.

SIGNATURE:

Lee Wintrobe LEE WINTRODE 3/26/97 (904) 249-0201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0007067

CR2E037 (9/96)