

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004626 (7)

1. Corporation Name

3071 CONDOMINIUM ASSOCIATION, INCORPORATED

Principal Place of Business

3075 FINSTERWALD DRIVE
TITUSVILLE FL 32780

Mailing Address

696 OAK HOLLOW WAY
ALTAMONTE SPRINGS FL 32714-1837

3. Date Incorporated or Qualified

09/16/1994

3a. Date of Last Report

03/28/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

3063 FINSTERWALD DR.

Suite, Apt. #, etc.

4. FEI Number

59-2378716

Applied For

Not Applicable

5. 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

WALLS, SHERRI M
696 OAK HOLLOW WAY
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

HARRY G BOWMAN

82 Street Address (P.O. Box Number is Not Acceptable)

3063 FINSTERWALD DRIVE

83

84 City

TITUSVILLE

FL

85 Zip Code
32780

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

Harry G Bowman

TREASURER, HARRY G BOWMAN

4/24/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | WALLS, SHERRI M | |
| STREET ADDRESS | 696 OAK HOLLOW WAY | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | WALLS, SCOTT D | |
| STREET ADDRESS | 696 OAK HOLLOW WAY | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL 32714 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | COOPER, M. JOANNE | |
| STREET ADDRESS | 3063 FINSTERWALD DR | |
| CITY-ST-ZIP | TITUSVILLE FL 32780 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | CALHOUN, TODD | |
| STREET ADDRESS | 3075 FINSTERWALD DR | |
| CITY-ST-ZIP | TITUSVILLE FL 32780 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | JAMES A BONVOULOIR | |
| 1.3 STREET ADDRESS | 3075 FINSTERWALD DR. | |
| 1.4 CITY-ST-ZIP | TITUSVILLE, FL 32780 | |
| 2.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | DERICK N. McCLANNAN | |
| 2.3 STREET ADDRESS | 3067 FINSTERWALD DR | |
| 2.4 CITY-ST-ZIP | TITUSVILLE, FL 32780 | |
| 3.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | TONI A. McCLAIN | |
| 3.3 STREET ADDRESS | 3071 FINSTERWALD DR. | |
| 3.4 CITY-ST-ZIP | TITUSVILLE, FL 32780 | |
| 4.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | HARRY G. BOWMAN | |
| 4.3 STREET ADDRESS | 3063 FINSTERWALD DR. | |
| 4.4 CITY-ST-ZIP | TITUSVILLE, FL 32780 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Harry G Bowman

Date

4/24/97

Daytime Phone # 0013212

CP2E037 (9/96)