FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400006211 (6)

2527 MARYLAND AVENUE CONDOMINIUM ASSOCIATION, IN C.

2527 MARYLAND AVE 2527 "A" MAR"		Mailing Address			
		2527 "A" MARYLAND AVE			
TAMPA FL 33621	9	TAMPA FL 33629-6203 US		1	
US		US		3. Date Incorporated or Qualified 12/19/1994	3a. Date of Last Report 07/17/1996
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 2527 B W. 1	Maryland AV	널 59-3295016	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 Lampa		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inte	
24	25		30 U.S		Yes 🔀 No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Regis	stered Agent
				ohn W. Voelpel	
VELA, RICHARD J			82 Street Address (P.O. Box Number is Not Acceptable)		
	MARYLAND AVE		258	718 W. Maryland	AIC.
tampa f	·L 33629		83		
			84 City	_	85 Zip Code
****				mpa	FL 33629
11. Pursuant I	to the provisions of Sections 617.05l egistered agent, or both, in the State	02 and 617.1508, Florida Statute Fol Florida, Such change was a	es, the above-named corp uthorized by the corporal	poration submits this statement for the pur tion's board of directors. I hereby accept I	pose of changing its registered the appointment as registered
agent. I a	m familiar with and account new blic	pations of, Section 617.0503, Flo	rida Statutes.	tion's board of directors. I hereby accept	
SIGNATURE _	Som St Oo	elgel -bh	n W. Voelp	<u>e/</u>	
10	Signature typed or printed name of registered ag	ient and little if applicable (NOTE ID DIRECTORS	Registered Agent signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE DE AND DIDECTODE IN 10
12. Title	T OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition
	GETZOFF, DEBORAH A	Deterit			C outrigo C yearson
NAME	2527 B MARYLAND AVE		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TAMPA FL D	☐ DELETE	1.4 CITY-ST-ZIP 21 TITLE		Change Addition
NAME	VELA, RICARDO J	L DECEN	2.2 NAME		L Orange L Assentian
	2527 A MARYLAND AVE				
STREET ADDRESS	TAMPA FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	D D	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	VOELPEL, JOHN W	C. Decere	3.2 NAME		CT OWNER CT MONOR
STREET ADDRESS	2527B MARYLAND AVE		3.3 STREET ADDRESS		
CITY-SI-ZIP	TAMPA FL		3.4. CITY-ST-ZIP		
TITLE	17Mil A I E	DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY-ST-ZIP		
14. I do herel	by certify that the information supplied	ed with this filing does not qualif	v for the exemption states	d in Section 119.07(3)(i), Florida Statutes.	I further certify that the
informatio	in indicated on this annual report or fficer or director of the combration o	supplemental annual report is tr 	ue and accurate and that ered to execute this repor	t my signature shall have the same legal e	effect as if made under oath; that tutes; and that my name
appears i	n Block 12 or Block 12 if changes, o	or or an en achment with an add	ress.	rt as required by Chapter 617, Florida Sta	

SIGNATURE:

ONLY THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/97 8/3-222-663

FILED

Apr 04 1997 8:00am

Secretary of State