Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90062 031 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000020685

1. Corporation Name

Principal Place of Business

CONDOMINIUM MANAGEMENT CONNECTION, INC.

3930 PINEBROOK CIRCLE SUITE 2 BRADENTON FL 34209		SUITE 2 BRADENTON FL 34209			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed	
					03/12/1993	
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For	
21		<u></u>			65-0505501 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired See Required	
City & State	<u></u> e	City & State			6. Election Campaign Financing S5.00 May Be	
23		28	28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	
24	25	29 30	ا آ		Personal Property Tax.	
24	9. Name and Address of Curre		<del>'                                    </del>		10. Name and Address of New Registered Agent	
	5. Hame and Heart of the Control		81	Nar	ime	
HEFFINGTON, JANET L			⊢			
3930	PINEBROOK CIRCLE		82	Stre	reet Address (P.O. Box Number is Not Acceptable)	
SUITE 2			83			
BRAI	DENTON FL 34209		84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable. (NOTE: Reg	istered Ager	nt signat	ature required when reinstating) DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ` ☐ Addition	
NAME	HEFFINGTON, JANET L		1.2 NAME			
STREET ADDRESS	3930 PINEBROOK CIRCLE		1.3 STREE	T ADDRE	RESS	
	BRADENTON FL 34209		1.4 CITY-S		,	
CITY-ST-ZIP TITLE	JIADENTON TE 04203	☐ DELETE	2.1 TITLE	1-ZIF	Change Addition	
		<del>_</del>	2.2 NAME		(	
NAME			2.3 STREE	T A DODE	nree .	
STREET ADORESS	}	المعتدي المعاد	2.4 CITY-9		g tem e e e e	
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	)1-ZIP	Change Addition	
TITLE NAME			3.2 NAME			
STREET ADDRESS	•		3.3 STREE	TADORE	RESS	
CITY-ST-ZIP			3.4. CITY-5			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	•		4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRE	RESS	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME (			5.2 NAME			
STREET ADDRESS			5.3 STREE	TADDRE	RESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
	memory of and t		6.2 NAME			
etdeet annocce			6.3 STREE	T ADDRE	ress	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP 1971