

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morinham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB -1 PM 12: 07

**DOCUMENT # 712233 (6)**  
1. Corporation Name  
**TALL OCEAN BEACH CONDOMINIUM APTS., INC.**

Principal Place of Business: 755 OCEAN DR WEST, KEY COLONY BEACH FL 33051  
Mailing Address: 75 OCEAN DRIVE, P. O. BOX 2, KEY COLONY BEACH FL 33051-0002, US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 02/10/1967  
3a. Date of Last Report: 02/10/1994  
4. FEI Number: 59-1860206  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (25-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**STOHL, STEPHEN A.  
755 OCEAN DR W  
KEY COLONY BCH, FL  
33051**

10. Name and Address of New Registered Agent (81-85) including Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>TD LAMANTIA, NANCY 755 OCEAN DR WEST KEY COLONY BEACH FL</b>	1.2 NAME	
	<b>SD BOWERS, LUCILLE 755 OCEAN DR WEST KEY COLONY BCH FL</b>	1.3 STREET ADDRESS	
	<b>D LEAVITT, SAMUEL 755 OCEAN DR WEST KEY COLONY BEACH FL</b>	1.4 CITY-ST-ZIP	
	<b>P LAMANTIA, ISADORE 755 OCEAN DRIVE WEST KEY COLONY BEACH FL</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>D STOHL, STEPHEN A. 755 OCEAN DR WEST KEY COLONY BEACH FL</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 affidavit.

SIGNATURE: Isadore Lamantia, President  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
1/20/95 (708) 758-6757