FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:04

DOCUMENT # 762271 (5)

1. Corporation Name

PROVINCETOWN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MARY LU WAHL, CAM 3400 NEW S PROVINCE BLVD FT MYERS FL 33907	C/O MARY LU WAHL, CAM 3400 NEW S PROVINCE BLVD FT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1982
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1507784 ☐ Applied For ☐ Not Applicable
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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WAHL, MARY LU CAM
3400 NEW SOUTH PROVINCE BLVD
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 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	D	11 TITLE	☐ Change ☐ Addition
NAME	ARZY, JERRY	12 NAME	
STREET ADDRESS	3340-3 NEW S PROVINCE BL	13 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	RASKOW, STANLEY	22 NAME	
STREET ADDRESS	5809-2 NEWFOUNDLAND CIR	23 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	24 CITY-ST-ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	WHITNEY, SHARON	32 NAME	
STREET ADDRESS	3289-3 NEW S PROVINCE BL	33 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP	
TITLE	DP	41 TITLE	☐ Change ☐ Addition
NAME	PARKER, HOLLIS	42 NAME	
STREET ADDRESS	5803-3 NEWFOUNDLAND CIRCLE	43 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	44 CITY-ST-ZIP	
TITLE	DT	51 TITLE	☒ Change ☐ Addition
NAME	PISTILLI, EDWARD L	52 NAME	DT PROPPS, GEORGE
STREET ADDRESS	5821-4 VANCOUVER CIRCLE	53 STREET ADDRESS	5861 WILD FIG LANE
CITY-ST-ZIP	FT MYERS FL	54 CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	DV	61 TITLE	☐ Change ☐ Addition
NAME	CLAYPOOL, CHARLES	62 NAME	
STREET ADDRESS	593 VAL MAR DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	64 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 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: X Stanley Raskow Sr 23 FEB 95 813-989-5535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
STANLEY RASKOW, SR.

0059419