

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762271** (5)
1. Corporation Name
PROVINCETOWN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O LYNNALL BALLARD 3400 NEW S PROVINCE BLVD FT MYERS FL 33907	Mailing Address C/O LYNNALL BALLARD 3400 NEW S PROVINCE BLVD FT MYERS FL 33907
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3. Date Incorporated or Qualified
03/03/1982

4. FEI Number 59-1507784	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BALLARD, LYNNALL
3400 NEW SOUTH PROVINCE BLVD
FT MYERS FL 33907**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	CLAYPOOL, CHARLES	
STREET ADDRESS	14380 MCGREGOR BLVD	
CITY - ST - ZIP	FT MYERS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	RATLIFF, LEE	
STREET ADDRESS	5797-3 NEW FOUNDLAND CIR	
CITY - ST - ZIP	FT MYERS FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ZUSPANN, MARJORIE	
STREET ADDRESS	3284-2 ROYAL CANADIAN TRACE	
CITY - ST - ZIP	FT MYERS FL	
TITLE	DAT	<input type="checkbox"/> DELETE
NAME	NICCOLLS, JAMES	
STREET ADDRESS	3306-2 NEW S PROVINCE BLVD	
CITY - ST - ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACPHERSON, RAYNOLD	
STREET ADDRESS	3291-4 PRINCE EDWARD ISLE	
CITY - ST - ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JANSEN, MARY	
STREET ADDRESS	3389-4 YUKON CIR	
CITY - ST - ZIP	FT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Raynold MACPHERSON	
1.3 STREET ADDRESS	3291-4 Prince Edward Isle	
1.4 CITY - ST - ZIP	Font Myers, FL 33907	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	D JASON HUFF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	3311-4 Prince Edward Isle	
5.4 CITY - ST - ZIP	Font Myers, FL 33907	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Marilyn Swenson	
6.3 STREET ADDRESS	3349-3 Alouette Circle	
6.4 CITY - ST - ZIP	Font Myers, FL 33907	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James L. Nicolls* JAMES L. NICOLLS 156m98 941-939-2212

CF2E037 (10/97)