FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

769760

(0)

TEN-EIGHTY CONDOMINIUM, INC.

Principal Place of Business Mailing Address					i inglin jagin Britin jaiti idati Ettit a	MIN MEMIL MEGEN MINST MINTE MENTE MINIT INNE
% Vassilis. Tsagas 37 Brackett St. Birghton Ma 02135		% VASSILIS. TSAGAS 37 BRACKETT ST. BIRGHTON MA 02135-2511				
					3. Date Incorporated or Qualified 08/05/1983	3a. Date of Last Report 01/26/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2358344	Not Applicable	
Suite, Apt. #, etc.		├ ¬	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State		City & State		C Floation Compains Financing		
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Coun	ry	8. This corporation has liability for in	
24	25	29	30		Florida Statutes	Yes 🔀 No
	9. Name and Address of Current	Registered Agent		.1	10. Name and Address of New Reg	Istered Agent
			ľ	1 Name		
	S, VASSILIS		82 Street Ad		dress (P.O. Box Number is Not Acceptable)	
1080 92				3		
BAY HA	RBOR ISLANDS FL 33154		ļ°	3		
			8	4 City		FL 85 Zip Code
11. Pursuant I	to the provisions of Sections 617 0502	and 617 1508 Florida Statu	ites the abr	ve-named cor	noration submits this statement for the nu	 , , , , , , , , , , , , , , , , , ,
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. Lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered	gent signature requi	ired when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITL			☐ Change ☐ Addition
NAME	GARCIA, ROBERT		1.2 NAM	E		
STREET ADDRESS	1086 92ND STREET		1.3 STRI	ET ADDRESS		
CITY-ST-ZIP	BAY HBR ISLANDS FL	DELETE		-ST-ZIP	***************************************	
TITLE	MALEVITIS, CONSTANTINOS	☐ DELETE	2.1 TITE	i		Change Addition
NAME STREET ADDRESS	1084 92ND STREET		2.2 NAV			
CITY-ST-ZIP	BAY HBR ISLANDS FL			ET ADDRESS (- ST- ZIP		
TITLE	VD	DELETE 3.1				Change Addition
NAME	ANTEQUERA, MARJORIE F.	_	3.2 NAM	E		
STREET ADDRESS	1082 92ND STREET			ET ADDRESS		
CITY-ST-ZIP	BAY HBR ISLANDS FL		3.4. CIT	-ST-ZIP		
TITLE	PTD	☐ DELETE	4.1 TITL			Change Addition
NAME	TSAGAS, VASSILIS		4. 2 NAI	ŧE		
STREET ADDRESS	1080 92ND STREET		4.3 STRI	ET ADORESS		
CITY-ST-ZIP	BAY HBR ISLANDS FL			-ST-ZIP		
TITLE		☐ DELETE	5.1 TITL			Change Addition
NAME CTOCCT ADDDCCC			5.2 NAM			
STREET ADDRESS				ET ADORESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITU	-\$T-ZIP		Change Addition
NAME			6.2 NAM			E Simile E Maditoli
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
14. I do hereb	by certify that the information supplied	with this filing does not qua	lify for the e	xemption state	d in Section 119.07(3)(i), Florida Statutes	. further certify that the
l am an of	fficer or director of the corporation or t	the receiver or trustee empo	wered to ex	curate and tha scute this repo	t my signature shall have the same legal ort as required by Chapter 617, Florida St	errect as it made under oath; that atutes; and that my name
appears it	n Block 12 or Block 13 if changed, or	on an attachment with an ac	ldress.	•		(6.2)

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR SPINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Proces 0074584