FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

NATALT # N117040

Ç	OCU	MENT	#	N178	43		(6)											
,,			UL#	CONDOMIN	A MUIN													
Principal Place of Business						Mailing Address							1884 (8 48)		ISH OF BUILDING		I DIBII DIBII ILBI	
10 LA PENINSULA BLVD ISLE OF CAPRI NAPLES FL 33962						10 LA PENINSULA BLVD ISLE OF CAPRI NAPLES FL 33962												
												Incorpora 11/19/1	1986 1986	alified	3a. Da	te of Last 04/26/1	Report 995	
2. 21	Principal Pl	ace of Busin	ess			2a. Malling Address					4. FEI Number 65-0067265					h	Applied For Not Applicable	
22	Suite, Apt.	#, etc.			27	Suite, Apt. #, etc.					5. Certificate of Status Desired [7] \$8.75					Additional Required		
23	City & State	9				City & State					1	on Campa		cing		\$5.0	O May Be	
	Zip	Country				Zip			Country			Trust Fund Contribution Trust Fund Contribution In this corporation has liability for intangible				Added to Fees tax under s. 199,032.		
24		25 9. Name and Address of Curren				29 30 30 Registered Agent						Florida Statutes						
		<u> </u>				iotoroa A	gont	81	Name	Pal	RS RE	.,.,	OSEN		gistered A	tgent		
		ONE, RON						82	Street	Addres	s (P.O. Bo	,-			9)			
-2601 S BAYSHORE DRIVE												·		· · · · · · · · · · · · · · · · · · ·				
SUITE 1600								63	83	4 1	red	Eag	le D	rive				
								84		MA	RCO		AND		FL	85 Zi	3937	
11	Pursuant to register familiar with the register control of the register with the register control of the register control	to the provisi red agent, or	ons o both	of Sections 617.0 , in the State of F obligations of S	502 and 6 lorida. Su	317.1508, ich change	Florida Statute was authorize	s, the above of	named co poration s	orporati board	ion submits of director	s this state s. I hereby	ement for accept the	the purp ne appoi	ose of cha ntment as	nging its r registered	registered offici Lagent. Lam	
SIC	3NATURE .	$X \Lambda$	9			f applicable.	21	.,						9	//30/	196		
12		Signature, typed	or prin	OFFICERS			TON)	E: Registered Age	nt signature r	required w			IANGES T	O OFFIC	DATE CFRS AND	DIRECTO	DES IN 12	
TIT	LE	+0-					DELETE	1.1 TITLE		PD						Change	Addition	
NAI	ME	GOULD:						1.2 NAME		CR	AIN S	tame	SR		_			
STR	REET ADDRESS			EW DR. #605	-			1.3 STREET	ADDRESS	-54	g LA	PENIT	سيريد	AL	SLVD			
	Y-ST-ZIP	TFT-LAU	DLR	BALE FL				1.4 City - 9	ST-ZIP	WHI	LES,	PL.	35%	2				
TIT		-VPD	- 	EODOE		l	DELETE	2.1 TITLE		7.2		•,	_		[.	Change	Addition	
NAI		HEATOI			ITE-AAS-	_		2.2 NAME		200	HIM		DUNAL	D.	BL.VD			
	TO40 BAYVIEW DRIVE, SUITE FT_LAUDERDALE_FL_33304				-			2.3 STREET ADDRESS 2.4 City-St-Zip			APLES PL 33962							
TITL		-STD		D. 12 1 C 0000			DELETE	2. 4 CHY-	SI-ZIP	52	1003	, _	<u> </u>	7/6		4 Change	Addition	
NAM	i	PARKER	ì. R	ID				3.2 NAME			ITH	DE	a			eg Onlings	☐ vooiiion	
STR	EET ADDRESS	1040 B/	·YVI	EW DR., #605				3.3 STREET	ADDRESS	32	2' "LA	PEN	O.	ILA	BLV	D.		
CIT	Y-\$T-ZIP	FJ-LAU	DER	DALE FL 33340	,			3.4. CITY-			PLES				0	•,		
TIT	-E	· · ·				1	DELETE	4.1 TITLE			 /					Change	Addition	
NAM	ME							4. 2 NAME										
STR	EET ADDRESS							4.3 STREET	ADDRESS									
	Y-ST-21P							4.4 CITY - S	T-ZIP	ļ								
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NAN	j					,		6.2 NAME							L	7 orange		
	EET ADDRESS							6.3 STREET	ADDRESS									
	Y-ST-ZIP							6.4 CITY - S		1								
	. I do hereb	y certify that	the i	nformation supplie	ed with th	is filing is	voluntarily furnis	shed and doe	s not aus	alify for	the exemp	tion stated	l in Sectio	n 119.0	7(3)(k), Flor	ida Statut	es. I further	
	oath; that	Lam an offic	er o r	nd cated on this a director of the co	rporation	or or supp or the rec	рієпіептаг annu eiver or trustee	ai report is tru empowered	ie and ac to execut	curate le this r	and that m eport as re	ıy sıgnatuı quired by	re shall ha Chapter 6	ve the sa 317. Flor	ame legal e ida Statute	ertect as if s: and tha	made under at my name	

SIGNATURE:

ATURBAND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. CLAIN 4 28 96 941642 9149

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