

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N37615** (4)

1. Corporation Name

10590 66TH AVENUE NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1595 BRAE MOOR LANE
DUNEDIN FL 34698**

**1595 BRAE MOOR LANE
DUNEDIN FL 34698**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/09/1990	3a. Date of Last Report 04/25/1994
4. FEI Number 59-3003561	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required
Zip 24	Country 25	8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip 29	Country 30	

9. Name and Address of Current Registered Agent

**BOUTZOUKAS, EMANUEL
1595 BRAE MOOR LANE
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

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

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 *X E. Boutzoukas*

(NOTE: Registered Agent signature required when reconstituting)

DATE **4-12-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD	NAME BOUTZOUKAS, EMANUEL	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1595 BRAE MOOR LN	CITY - ST - ZIP DUNEDIN FL	12 NAME	
TITLE TD	NAME BOUTZOUKAS, MICHAEL	13 STREET ADDRESS	
STREET ADDRESS 1595 BRAE MOOR LN	CITY - ST - ZIP DUNEDIN FL	14 CITY - ST - ZIP	
TITLE D	NAME LAGOS, GEORGE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1473 STURBRIDGE CT	CITY - ST - ZIP DUNEDIN FL	22 NAME	
TITLE	NAME	23 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	24 CITY - ST - ZIP	
TITLE	NAME	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	32 NAME	
TITLE	NAME	33 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	34 CITY - ST - ZIP	
TITLE	NAME	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	42 NAME	
TITLE	NAME	43 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	52 NAME	
TITLE	NAME	53 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY - ST - ZIP	62 NAME	
TITLE	NAME	63 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this form 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X E. Boutzoukas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (OR DIRECTOR)

DATE **4-1-95** 813 734-7499