

FILE NOW: FILING FEE IS \$61.25

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Apr 10 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 # 706101 (3)
1. Corporation Name
THE ROGERS HOUSE CONDOMINIUM INCORPORATED

Principal Place of Business 850 N.E. SPANISH RIVER BLVD. BOCA RATON FL 33431	Mailing Address 850 N.E. SPANISH RIVER BLVD. BOCA RATON FL 33431
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 09/03/1963
4. FEI Number 59-1089521
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**MILESKE, GLADYS
850 N.E. SPANISH RIVER BLVD
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

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	D	<input type="checkbox"/> DELETE
NAME	KAPLAN, HARVEY	
STREET ADDRESS	850 NE SPANISH RIVER BLVD.	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PELISH, JAMES	
STREET ADDRESS	850 NE SPANISH RIVER BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILESKE, GLADYS	
STREET ADDRESS	850 N.E. SPANISH RIVER BL	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	BRADY, JACK	
STREET ADDRESS	850 NE SPANISH RIVER BLVD.	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SLINGO, JEAN	
STREET ADDRESS	850 NE SPANISH RIVER BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD PELISH, JAMES
2.3 STREET ADDRESS	850 NE SPANISH RIVER BLVD.
2.4 CITY-ST-ZIP	BOCA RATON FL 33431
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D MILESKE, GLADYS
3.3 STREET ADDRESS	850 NE SPANISH RIVER BLVD.
3.4 CITY-ST-ZIP	BOCA RATON FL 33431
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PD BRADY, JACK JOHN A.
4.3 STREET ADDRESS	850 NE SPANISH RIVER BLVD.
4.4 CITY-ST-ZIP	BOCA RATON FL 33431
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAME
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VD SALLY
6.3 STREET ADDRESS	850 NE SPANISH RIVER BLVD.
6.4 CITY-ST-ZIP	BOCA RATON FL 33431

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:  **4/3/98** **561-367-6052**

CR2E037 (1097)