## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** 

708350

(4)

i. Corporatio	ALL LAGING	` '		
	RATON HARBOUR CONDO			
Principal Plac	e of Business	Mailing Address		1 100111 10011 1010 1110 1 1110 1 1110 1 1110 1 1110 1 1110 1 1110 1 1110 1 1110 1 1110 1 1110 1 1110 1 1110 1
2771 SOUTH OCEAN BLVD BOCA RATON FL 33432		2771 SOUTH OCEAN BLVD BOCA RATON FL 33432	ı	3. Date Incorporated or Qualified 01/18/1965
				4. FEI Number Applied For
				59-1160216 Not Applicable
21	Place of Business	2a. Mailing Address 28		5. Certificate of Status Desired S8.75 Additional Fee Regulred
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
23		28]		₩ Yes No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Currer	nt Registered Agent	30	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
81 Name				
LUARD BARRET				
ULMER, ROBERT 2771 SO OCEAN BLVD			82 Street	Address (P.O. Box Number is Not Acceptable)
BOCA RATON FL 33432			63	
0000	711 O11 1 E 00 10 E			
			84 City	FL 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.				
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE				
12.	Signature, typed or printed name of registered age		E: Registered Agent signature	
TITLE	D OFFICERS AN	D DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	GURGO, MICHAEL	□ bettere	1.2 NAME	
STREET ADDRESS	2771 SO OCEAN BLVD		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE	TD	DELETE	2.1 TITLE	D ∠Change
NAME	BERNADINI, MARGARET	<del>-</del>	2.2 NAME	FIORELLO, SAM 2771 SO, OCEAN BLUD,
STREET ADDRESS	2771 SO OCEAN BLVD		2.3 STREET ADDRESS	2771 SO, OCEDIL BLUD,
CITY-ST-ZIP	BOCA RATON, FL 00000		2. 4 CITY-ST-ZIP	BOLA PATON, FL. 50432
TITLE	PD	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ULMER, ROBERT		3.2 NAME	
STREET ADDRESS	2771 SO OCEAN BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	Change Addition
NAME	PICARD, DONALD		4. 2 NAME	
STREET ADDRESS	2771 SO OCEAN BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	BOCA RATON, FL 00000 SD	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	₹ Change Addition
	MUNROE, NANCY G	PR DELLE		Change LI Addition
NAME STREET ADDRESS	2771 SO OCEAN BLVD		5.2 NAME 5.3 STREET ADDRESS	ALYAHAKIAN, LEDN 2771 SO. OCEAN BLUD
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	BOLD PATON, FL. 33452
TITLE	DOOR IMIDITIE	DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
STILL PLUTICSS			0.0 OFFICE PERMITOR	

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:

Robert Werner

Poblar

LMER 1/3/4

561 341 0008

**FILED** 

Feb 12 1998 8:00am

Secretary of State

CR2E037 (10/