

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 720624 (6)**

1. Corporation Name  
**THE 3900 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**3900 WOODLAKE BLVD.  
SUITE 201  
LEAKE WORTH FL 33463**

Mailing Address  
**3900 WOODLAKE BLVD.  
SUITE 201  
LEAKE WORTH FL 33463**

3. Date Incorporated or Qualified  
**03/31/1971**

3a. Date of Last Report  
**04/06/1995**

4. FEI Number  
**59-1367894**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29

Country  
25  
Country  
30

9. Name and Address of Current Registered Agent  
**GILBERT, JOE  
3900 WOODLAKE BLVD  
SUITE 201  
LAKEWORTH FL 33463**

10. Name and Address of New Registered Agent  
81 Name **Kevin Boyles**  
82 Street Address (P.O. Box Number Is Not Acceptable)  
**4475 Medical Center Way**  
83  
84 City **West Palm Bch.** FL 85 Zip Code **33407**

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 *Kevin Boyles* DATE **4-23-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENLE, EDWARD	
STREET ADDRESS	3930 NORTH OCEAN DRIVE	
CITY-ST-ZIP	RIVIERA BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JERKOVICH, JOE	
STREET ADDRESS	3930 N OCEAN DRIVE	
CITY-ST-ZIP	RIVIERA BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLANSFIELD, CHARLES	
STREET ADDRESS	3930 NORTH OCEAN DRIVE	
CITY-ST-ZIP	RIVIERA BCH, FL 00000	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HEUSER, AL	
STREET ADDRESS	3930 NORTH OCEAN DRIVE	
CITY-ST-ZIP	RIVIERA BCH, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GIACOMINI, JOHN	
STREET ADDRESS	3930 NORTH OCEAN DRIVE	
CITY-ST-ZIP	RIVIERA BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>Singer Island, FL 33404</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Loren, Wight</b>
2.3 STREET ADDRESS	<b>3930 N. Ocean Drive</b>
2.4 CITY-ST-ZIP	<b>Singer Island, FL 33404</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>Singer Island, FL 33404</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>Singer Island, FL 33404</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<b>Singer Island, FL 33404</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Edward C. Kenan, Pres* DATE: **4-19-96** DAYTIME PHONE: **407-641-8554**

CR2E037 (12/95)