

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33463-3045

3. Date Incorporated or Qualified: 03/31/1971
3a. Date of Last Report: 05/01/1996
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 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
BOYLES, KEVIN
4475 MEDICAL CENTER WAY
SUITE 201
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HENLE, EDWARD	
STREET ADDRESS	3930 NORTH OCEAN DRIVE	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOREN, WIGHT	
STREET ADDRESS	3930 N OCEAN DRIVE	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BLANSFIELD, CHARLES	
STREET ADDRESS	3930 NORTH OCEAN DRIVE	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	HEUSER, AL	
STREET ADDRESS	3930 NORTH OCEAN DRIVE	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GIACOMINI, JOHN	
STREET ADDRESS	3930 NORTH OCEAN DRIVE	
CITY-ST-ZIP	SINGER ISLAND 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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: Edward C Henle, Jr Pres 4-7-97 561 845 6848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043840

CR2E037 (9/96)