FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

L Corporatio	MENI# /2333/	(2)			
•	ARDENIA CONDOMINIUM AF	PARTMENTS INC.			
, , , , , , , , , , , , , , , , , , ,	TO BINI VOITEVIIIIVIII (V	- W. ((()) () () () () () () ()		I HEGUS ARAKA IJARA IJARA IJARA IJARA INIHA IRAD ARAK ARAK ARAK ARAK ARAK ARAK ARAK	II H
Principal Plac	e of Business	Mailing Address			
1		<u>-</u>			
31 OCEAN REE SUITE A-207	r uk.	31 OCEAN REEF DR. SUITE A-207		3. Date Incorporated or Qualified	
KEY LARGO FL	33037	KEY LARGO FL 33037		05/04/1972 4. FEI Number Applied F	
				4. FEI Number Applied F 59-1507242 Not Applie	
2. Principal P	face of Business	2a. Mailing Address		SR 75 Addition	
21 720	Anchor Drive	100 Anchor	Drive #	476 5. Certificate of Status Desired 58.75 Addition Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be	,
City & State	Α	City & State		Trust Fund Contribution Added to Fees	
— ·	Largo, FL	26 Key Largo.	FL	7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible	, –
24 3303		29 33037 \$4	0	Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
Moss.				oss, Evelyn	
MOSS, EVELYN			82 Street A	Address (P.O. Box Number is Not Acceptable) 00 Anchor Drive #476	
31 OCEAN REEF DR #A-207 KEY LARGO FL 33037			83	O AMONOL BLIVE #470	
KET LAN	100 FE 33037				
			64 City Ke	ey Largo FL ⁶⁵ ^{Zip Code} 33037	
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 familia with, and accept the obligations of Section 617.0503, Florida Statutes.					
agent. I am familiar dith, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE .	Signature, typed of printed harte of registered agent	and little If applicable (NOTE: R		DDS 4-37-98 prequired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE	VO .	DELETE	1.1 TITLE	VD⊃ □ Change ♣♣Ac	ddition
NAME	HENDRIX, JAMES	•	1.2 NAME	Unipan, John	
STREET ADDRESS	31 OCEAN REEF DR #A-207		1.3 STREET ADDRESS	100 Anchor Drive #476	ı
CITY-ST-ZIP	KEY LARGO FL	Dorugge	1.4 CITY-ST-ZIP	Key Largo, FL 33037	et alikin o
TITLE	STD Confort, Mary	☐ DELETE	2.1 TITLE	1	ballion
NAME STREET ADDRESS	31 OCEAN REEF DR #A-207		2.2 NAME 2.3 STREET ADDRESS	Confort, Mary 100 Anchor Drive #476	ľ
CITY-ST-ZIP	KEY LARGO FL		2.4 CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	PD	DELETE	3.1 TITLE		ddition
NAME	SAVAGE, TOM		3.2 NAME	PD XXIChange LAC Savage, Tom	
STREET ADDRESS	31 OCEAN REEF DR #A-207		3.3 STREET ADDRESS	100 Anchor Drive #476	1
CITY-ST-ZIP	KEY LARGO FL		3.4. CITY-ST-ZIP	Key Largo, FL 33037	
TITLE	POA	☐ DELETE	4.1,TITLE	POA _ Change LIAc	ddition
NAME	MOSS, EVELYN		4. 2 NAME	Moss, Evelyn	ľ
STREET ADDRESS	31 OCEAN REEF DR #A-207		4.3 STREET ADDRESS	100 Anchor Drive #476	ļ
CITY-ST-ZIP	KEY LARGO FL	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Key Largo, FL 33037	ddition
îtîle Name		C) beter	5.1 TITLE 5.2 NAME	Undings N	- CALLIUM
STREET ADDRESS			5.3 STREET ADDRESS		l
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	Change Ad	ddition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY . CT . 740			CACITY OT 71D		

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.

305 367-3032

FILED

May 01 1998 8:00am

Secretary of State