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Mar 11 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 # 723342 (2)
1. Corporation Name
ROOSEVELT GARDEN APARTMENTS COMDOMINIUM , INC



Principal Place of Business 119-139 ROOSEVELT AVE COCOA BEACH FL 32931 US	Mailing Address P.O. BOX 272 CAPE CANVERAL FL 32920 US
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3. Date Incorporated or Qualified 05/04/1972	
4. FEI Number 59-2471108	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 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 type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**URIARTE, IDALIA
4819 BANANA RIVER BLVD
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent

81 Name Thomas Donovan		
82 Street Address (P.O. Box Number is Not Acceptable) 1400 Island Dr.		
83		
84 City Meritt Island	85 State FL	86 Zip Code 32952

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: *Thomas Donovan* President DATE: **3/2/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME DONOVAN, THOMAS	
STREET ADDRESS 1400 ISLAND DR	
CITY-ST-ZIP MERRITT ISLAND FL	
TITLE ST	<input type="checkbox"/> DELETE
NAME HUNSTAD, MARIANNA	
STREET ADDRESS 135 B. ROOSEVELT AVENUE	
CITY-ST-ZIP COCOA BEACH FL	
TITLE V	<input type="checkbox"/> DELETE
NAME BUZZELL, WALTER	
STREET ADDRESS 131 A ROOSEVELT LANE	
CITY-ST-ZIP COCOA BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME SHAFER, GERALD	
STREET ADDRESS 119 B ROOSEVELT AVE	
CITY-ST-ZIP COCOA BEACH FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME URIARTE, IDALIA	
STREET ADDRESS 4819 BANANA RIVER BLVD	
CITY-ST-ZIP COCOA BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Hunstad, Marianna	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 135 B Roosevelt Ave.	
1.4 CITY-ST-ZIP Cocoa Beach, Fl. 32931	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Buzell, Walter	
2.3 STREET ADDRESS 131 A Roosevelt Ave.	
2.4 CITY-ST-ZIP Cocoa Beach, Fl. 32931	
3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Augustine, Linda	
3.3 STREET ADDRESS 143 D Roosevelt Ave.	
3.4 CITY-ST-ZIP Cocoa Beach, Fl. 32931	
4.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Shaffer, Gerald	
4.3 STREET ADDRESS 119 B Roosevelt Ave.	
4.4 CITY-ST-ZIP Cocoa Beach, Fl. 32931	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Frogentogler, Michael	
5.3 STREET ADDRESS 127 Roosevelt Ave.	
5.4 CITY-ST-ZIP Cocoa Beach, Fl. 32931	
6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME McLain, George	
6.3 STREET ADDRESS 2020 N. Atlantic Ave. # 5095	
6.4 CITY-ST-ZIP Cocoa Beach, Fl. 32931	

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: *Thomas Donovan* DATE: **3/2/98** ID: **452-6382**

CF2E037 (10/97)