
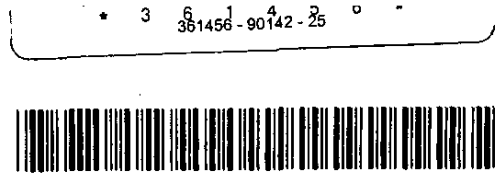


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90142 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 732192					
1. Corporation Name CARAVEL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1700 S.E. 15TH STREET FT. LAUDERDALE FL 33316			Mailing Address 1700 S.E. 15TH STREET FT. LAUDERDALE FL 33316		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/18/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1654376	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
BECKER, POLIAKOFF & STREITFELD, P.A. 3111 STIRLING RD. FT. LAUDERDALE FL 33312-3525			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	GRIFFIN, RICHARD				
STREET ADDRESS	1700 SE 15TH ST				
CITY-ST-ZIP	FT LAUDERDALE, FL 00000				
TITLE	TD	<input checked="" type="checkbox"/> DELETE			
NAME	SNELL, STEVE				
STREET ADDRESS	1700 SE 15TH ST				
CITY-ST-ZIP	FT. LAUDERDALE, FL-00000				
TITLE	DS	<input type="checkbox"/> DELETE			
NAME	SIEGLE, AUDREY				
STREET ADDRESS	1700 SE 15TH ST				
CITY-ST-ZIP	FT LAUDERDALE, FL 00000				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	VON, HOLDT R				
STREET ADDRESS	1700 SE 15TH ST				
CITY-ST-ZIP	FT LAUD FL 33316				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	ELLIOTT, STEVE				
STREET ADDRESS	1700 SE 15TH ST				
CITY-ST-ZIP	FT. LAUDERDALE FL 33316				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	Geraldine C. Mahannah				
1.3 STREET ADDRESS	1700 S.E. 15th Street				
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33316				
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 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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED Secretary 4/13/99 954-463-7234
Date Daytime Phone #