


FILE NOW: FILING FEE IS \$61.25

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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 # **737990** (2)

1. Corporation Name

ARISTA PARK CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**7175 NOVA DRIVE-BOX 511
DAVIE FL 33317**

**7175 NOVA DRIVE-BOX 511
DAVIE FL 33317**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NACHMAN, IRVIN
4441 STIRLING ROAD
FT. LAUDERDALE FL 33314**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	TRANCE, TED	
STREET ADDRESS	7175 NOVA DR #510	
CITY-ST-ZIP	DAVIE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BYARS, JOYCE	
STREET ADDRESS	7175 NOVA DR #506	
CITY-ST-ZIP	DAVIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELAINE WOLFE	
STREET ADDRESS	7175 NOVA DR #104	
CITY-ST-ZIP	DAVIE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	PLAYER, PAMELA	
STREET ADDRESS	7175 NOVA DR. # 509	
CITY-ST-ZIP	DAVIE FL 33317	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	COOKINS, BONNIE B.	
STREET ADDRESS	7175 NOVA DR #502	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLYDE KOMA	
1.3 STREET ADDRESS	7175 NOVA DR #508	
1.4 CITY-ST-ZIP	DAVIE, FL 33317	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROSE GRANT	
2.3 STREET ADDRESS	7175 NOVA DR #405	
2.4 CITY-ST-ZIP	DAVIE, FL 33317	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ELEN VYRLAS	
3.3 STREET ADDRESS	7175 NOVA DR #206	
3.4 CITY-ST-ZIP	DAVIE, FL 33317	
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.

SIGNATURE: *Ted Trance* **TED TRANCE** 3/4/98 954-74-3160

CR2E037 (10/97)