

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **739918** (1)
1. Corporation Name
MAR VISTA CONDOMINIUM, INC.



Principal Place of Business 1000 E. CAMINO REAL #201A BOCA RATON FL 33432	Mailing Address ATTN: A. BILLIE FEHER 1515 SOUTH FEDERAL HWY. 119 BOCA RATON FL 33432 US
---	--

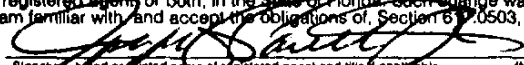
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 08/16/1977
4. FEI Number 06-1073979
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent HAHN, JEFFREY CPA 1515 NORTH FEDERAL HWY SUITE 300 BOCA RATON FL 33432
--

10. Name and Address of New Registered Agent 81 Name JOSEPH G. PACELLI JR 82 Street Address (P.O. Box Number is Not Acceptable) 185 BEDFORD RD - 1000 E. Camino Real 83 BOCA RATON, FL 33432 84 City GREENWICH, CT 85 Zip Code 06031

11. Pursuant to the provisions of Sections 617.0602 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  DATE **4-20-98**

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	PD MCGONIGLE, LAWRENCE
STREET ADDRESS	1000 E CAMINO REAL #2A
CITY-ST-ZIP	BOCA RATON, FL 00000
TITLE	☐ DELETE
NAME	VPD STD PACELLI, JOE
STREET ADDRESS	1000 E CAMINO REAL #1A
CITY-ST-ZIP	BOCA RATON, FL 00000
TITLE	☒ DELETE
NAME	STD FEHER, BILLIE A
STREET ADDRESS	1000 E. CAMINO REAL #1B
CITY-ST-ZIP	BOCA RATON FL
TITLE	☐ DELETE
NAME	VPD DIANE PACELLI
STREET ADDRESS	1000 E CAMINO REAL #1A
CITY-ST-ZIP	BOCA RATON, FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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:  DATE **4-20-98** 803 6227215

CR2E037 (10/97)