FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749632

(6)

PAR 4 CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 30 1998 8:00am
Secretary of State

.,		,						
Principal Place of Bu	siness	Mailing Address				DIEM DIDIL DI		
1523 MALLARD CT		1523 MALLARD CT			3. Date Incorporated or Qualified			
TITUSVILLE FL 32796		TITUSVILLE FL 32796 US			11/02/1979			
000		00			4. FEI Number	 	plied For	
					59-2172407	Not	Applicable	
2. Principal Place of	Business	2a. Mailing Address		•	5. Certificate of Status Desired	\$8.75 A		
Suite, Apt. #, etc.	·	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 M	-	
22		27			Trust Fund Contribution	Added to		
City & State		City & State			7. Is this nonprofit corporation a homeowners association?			
23		28			☐ Yes 🔀	No		
Zip	Country	Zip	·		8. This corporation owes or has paid the curre			
24	4 25 29 30 30 9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. 10. Name and Address of New Registered A		No	
3. 1	vaine and Address of Current	negistered Agent		81 Name	to, Hame and Address of New Hegistered A	gene		
VANENGELEN	RIDG W C		ļ					
1523 MALLARI				82 Street Addre	ess (P.O. Box Number is Not Acceptable)			
TITUSVILLE FL			Ī	83				
			}	84 City		85 Zip C	`nde	
				Oity	FL	200	, ode	
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 12.	s, typed or printed name of registered agent OFFICERS AND		Registered	Agent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS	S IN 12	
TITLE PD		DELETE	1,1 111	E		Change	Addition	
1 '-	NENGELENBURG, W C		1.2 NA	1		_ *	_	
	23 MALLARD CT			REET ADDRESS				
	USVILLE, FL 00000			Y-ST-ZIP				
TITLE STE		☐ DELETE	2.1 TIT	LE		Change	Addition	
NAME VAN	vengelenburg, els		2.2 NA	ME				
	23 MALLARD CT		2.3 ST	REET ADDRESS				
	USVILLE, FL 00000			IY-ST-ZIP		01	1 1 4 4 4 4 4	
TITLE D	N FA FRIFAT	DELETE	3.1 TIT		L	Change	Addition	
	BLES, ERNEST		3.2 NA	-			f	
	23 MALLARD CT USVILLE FL			REET ADDRESS				
CITY-ST-ZIP IIII	DOVILLE FL	DELETE	4.1 TIT	Y-ST-ZIP		Change	Addition	
NAME			4. 2 NA		_	3-		
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		DELETE	5.1 TIT	Æ		Change	☐ Addition	
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP		T 4.		
TIFLE		DELETE	6.1 TIT	.E	L	Change	Addition	
NAME			1					
1			6.2 NA	i				
STREET ADDRESS City-St-Zip			6.3 ST	ME BEET ADDRESS Y-ST-ZIP				

4. I hereby certify that the information supplied with this filling 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:

TONE DECEMED

Thuram 21 1008

CR2E037 (10/97)