

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750102 (6)

1. Corporation Name

RONOLA APARTMENTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

22 S.E. 3RD TERRACE
DANIA FL 33004

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DANIA FL 33004

3. Date Incorporated or Qualified

12/07/1979

3a. Date of Last Report

03/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2003709

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. City & State

28. City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. Zip

25. Country

29. Zip

30. Country

8. **FILED BUT NO MONEY INVOLVED**
The corporation has liability for non-compliance with Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORAN, JAMES J.
640 EAST OCEAN AVENUE
SUITE 16
BOYNTON BEACH FL

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	DBM	<input type="checkbox"/> DELETE
NAME	BENOIT, CARMELLA	
STREET ADDRESS	22 SE THIRD TERRACE, UNIT 6	
CITY-ST-ZIP	DANIA FL	
TITLE	DBM	<input type="checkbox"/> DELETE
NAME	BRAINARD, KATHRYN	
STREET ADDRESS	309 S. FEDERAL HWY, UNIT 38	
CITY-ST-ZIP	DANIA FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	SMITHSON, MARY C	
STREET ADDRESS	22 S.E. THIRD TERRACE, UNIT 13	
CITY-ST-ZIP	DANIA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BODRIAS, MARCEL	
STREET ADDRESS	309 S. FEDERAL HWY, UNIT 33	
CITY-ST-ZIP	DANIA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITHSON, RONALD	
STREET ADDRESS	22 S.E. 3RD TERRACE, UNIT 13	
CITY-ST-ZIP	DANIA FL	
TITLE	BM	<input type="checkbox"/> DELETE
NAME	MORRISSETTE, DONAT	
STREET ADDRESS	309 S FEDERAL HWY., UNIT 30	
CITY-ST-ZIP	DANIA FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: RONALD D. SMITHSON PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald D. Smithson

11 March 96 (954) 927 8010

Date Daytime Phone #

CR2E037 (12/95)