

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 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 # 750102 (6)
1. Corporation Name
RONOLA APARTMENTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 309 S FEDERAL HWY DANIA FL 33004 US	Mailing Address 309 S FEDERAL HWY DANIA FL 33004 US
--	--

3. Date Incorporated or Qualified 12/07/1979	4. FEI Number 59-2003709	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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
---	--

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DBM	1.1 TITLE	VICE-PRESIDENT
NAME	BENOIT, CARMELLA	1.2 NAME	BENOIT, CARMELLA
STREET ADDRESS	22 SE THIRD TERRACE, UNIT 6	1.3 STREET ADDRESS	22 S.E. THIRD TERRACE #6
CITY-ST-ZIP	DANIA FL	1.4 CITY-ST-ZIP	DANIA, FLA 33004
TITLE	DBM	2.1 TITLE	DBM
NAME	PAGE, JEAN	2.2 NAME	BISSON, PAUL
STREET ADDRESS	22 SE 3RD TERR, UNIT 12	2.3 STREET ADDRESS	22 S.E. 3RD TERRACE #18
CITY-ST-ZIP	DANIA FL	2.4 CITY-ST-ZIP	DANIA, FLA 33004
TITLE	TR	3.1 TITLE	TREASURER
NAME	SMITHSON, MARY C	3.2 NAME	BISSON, IRENE
STREET ADDRESS	22 S.E. THIRD TERRACE, UNIT 13	3.3 STREET ADDRESS	22 S.E. 3RD TERRACE #18
CITY-ST-ZIP	DANIA FL	3.4 CITY-ST-ZIP	DANIA, FLA. 33004
TITLE	VP	4.1 TITLE	PRESIDENT
NAME	BODRIAS, MARCEL	4.2 NAME	BODRIAS, MARCEL
STREET ADDRESS	309 S. FEDERAL HWY, UNIT 33	4.3 STREET ADDRESS	309 S. FEDERAL HWY #33
CITY-ST-ZIP	DANIA FL	4.4 CITY-ST-ZIP	DANIA, FLA. 33004
TITLE	P	5.1 TITLE	DBM
NAME	SMITHSON, RONALD	5.2 NAME	ROBITAILLE, NYCOLE
STREET ADDRESS	22 S.E. 3RD TERRACE, UNIT 13	5.3 STREET ADDRESS	22 S.E. 3RD TERRACE #17
CITY-ST-ZIP	DANIA FL	5.4 CITY-ST-ZIP	DANIA, FLA. 33004
TITLE	BM	6.1 TITLE	BM
NAME	MORRISSETTE, DONAT	6.2 NAME	MORRISSETTE, DONAT
STREET ADDRESS	309 S FEDERAL HWY., UNIT 30	6.3 STREET ADDRESS	309 S. FEDERAL HWY #30
CITY-ST-ZIP	DANIA FL	6.4 CITY-ST-ZIP	DANIA, FLA. 33004

1.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BENOIT, CARMELLA	
1.3 STREET ADDRESS	22 S.E. THIRD TERRACE #6	
1.4 CITY-ST-ZIP	DANIA, FLA 33004	
2.1 TITLE	DBM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BISSON, PAUL	
2.3 STREET ADDRESS	22 S.E. 3RD TERRACE #18	
2.4 CITY-ST-ZIP	DANIA, FLA 33004	
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BISSON, IRENE	
3.3 STREET ADDRESS	22 S.E. 3RD TERRACE #18	
3.4 CITY-ST-ZIP	DANIA, FLA. 33004	
4.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BODRIAS, MARCEL	
4.3 STREET ADDRESS	309 S. FEDERAL HWY #33	
4.4 CITY-ST-ZIP	DANIA, FLA. 33004	
5.1 TITLE	DBM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBITAILLE, NYCOLE	
5.3 STREET ADDRESS	22 S.E. 3RD TERRACE #17	
5.4 CITY-ST-ZIP	DANIA, FLA. 33004	
6.1 TITLE	BM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MORRISSETTE, DONAT	
6.3 STREET ADDRESS	309 S. FEDERAL HWY #30	
6.4 CITY-ST-ZIP	DANIA, FLA. 33004	

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: *M. Bodrias* 2/14/98 954 922-6561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (10/97)