FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT 1996		Secretary of State DIVISION OF CORPORATIONS						
DOCUMENT # 751147 1. Corporation Name			(0)	(O)				
		CONDOMINIUM	ASSOCIATION, INC					
Principal Place	of Business		Mailing Address				#1 #1#11 #1#11 #1#11 #1#11 #1#11 #	Tiffit Ballis im Di
% MATTHEW CARDELLA 16267 FIG WAY DELRAY BEACH FL 33484			% MATTHEW CARDELLA 16267 FIG WAY DELRAY BEACH FL 33484					
DECHA! BEAU	IT I'L SOHOH		DELINIT DESIGNATE STATE			3. Date Incorporated or Qualified 02/21/1980	3a. Date of Last F 04/12/19	Report 195
2. Principal Place of Business			2a. Mailing Address			4. FEI Number 59-2419777		Applied For Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired See Required		
22			City & State			6. Election Campaign Financing		May Be
City & State			28			Trust Fund Contribution Added to Fees		
Zip		Country	Zip	Country	1	8. This corporation has liability for in	tangible tax under s. I Yes 🔲 No	199.032,
24	25	Address of Current	29 Registered Agent	30		Florida Statutes 10. Name and Address of New Re		
	9. Name and	Address of Content	registered Agent	61	Name			
CARDELL	LA, MATTHEW			82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
16267 FIG WAY								
DELRAY BEACH FL 33445				83				
•				84	City		FL 65 Zip	p Code
tamiliar wit	to the provisions of ed agent, or both th, and accept the	of Sections 617.0502 a , in the State of Flonda obligations of, Sectio	nd 617.1508, Florida Statute Such change was authorize n 617.0503, Florida Statutes	s, the above ed by the corp	named corpo poration's boa	oration submits this statement for the purp ard of directors. I hereby accept the appoi	ose of changing its runtment as registered	egistered office I Lagent: Lam
SIGNATURE _	Signature, typed or prin	ed name of registered agent ar			nt signature require	ed when reinstating)	DATE	SCIENT 12
12.	DP	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	Addition
TITLE .	SEGUI, DON			1.2 NAME			_	_
STREET ADDRESS	P.O. BOX 34	151 NA		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	BOCA RATO	N FL		1.4 CITY -	ST-ZIP			- Indition
TITLE	S	ANOV	☐ DELETE	2.1 TITLE			Change	Addition
NAME	THOMAS, N 3398 LAKEV			2.2 NAME	ET ADDRESS			
STREET ADORESS CITY-ST-ZIP	DELRAY BE			2 4 GITY				
TITLE	0		DELETE	3.1 TITLE			Change	☐ Addition
NAME	ROWLEY, P			3 2 NAME	I .			
STREET ADDRESS	806 SW 2NI BOCA RATO				ET ADDRESS			
CITY-ST-ZIP TITLE	TD TO	NA FL	□DELETE	3 4. CITY 4 1 TITLE			Change	Addition
NAME	CARDELLA,	MATT		4. 2 NAM	E			
STREET ADDRESS	16267 FIGW			4.3 STRE	ET ADDRESS	50000178	3 64 75	
CITY-ST-ZIP	DELRAY BE	ACH FL		44 CITY		50000178 -04/19/96010 ***61.25	Ur-U35 Change	Addition
TITLE			DELETE	5 1 TITLE		+mno1+Lu	L_I Change	L. FOULION
NAME OTDSST ADDDSSS	[5.2 NAM 5.3 STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				54 CITY				
TITLE			DELETE	6 1 TITLE			☐ Change	Addition
NAME				62 NAM			3 3	d.al
STREET ADDRESS					ET ADDRESS		اراه	1-96
CITY-ST-ZIP	hy cortify that the	information supplied v	yith this filing is voluntarily furn		-ST-ZIP pes not qualify	y for the exemption stated in Section 119.	07/31/b) Florida Statu	ites I further
certify that	at the information	indicated on this annu	al report or supplemental and ration or the receiver or truste	nual report is ee empowere	true and accu d to execute t	y for the exemption stated in section 113, trate and that my signature shall have the this report as required by Chapter 617, Fix	same legal effect as orida Statutes; and th	it made ünder nat my name

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR