

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752052** (1)

1. Corporation Name

NATIVE SUN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1950 S OCEAN BLVD POMPANO BCH. FL 33062	Mailing Address 1950 S OCEAN BLVD POMPANO BCH. FL 33062
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3. Date Incorporated or Qualified

04/16/1980

4. FEI Number

59-2378699

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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

**STEPHENS, KENNA W.
354 S.W. 7TH AVENUE
BOCA RATON 33488**

10. Name and Address of New Registered Agent

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 VD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAHONEY, ANN M.		1.2 NAME	
STREET ADDRESS 2000 S. OCEAN BLVD, 11D		1.3 STREET ADDRESS	
CITY-ST-ZIP POMPANO BEACH FL		1.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREENE, DOUG		2.2 NAME	
STREET ADDRESS 1380 NW 73 AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP PLANTATION FL		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEPHENS, KENNA		3.2 NAME	
STREET ADDRESS 354 SW 7TH AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARTHUR W. MCCARTHY		4.2 NAME	
STREET ADDRESS 7670 TRENT DR APT E-305		4.3 STREET ADDRESS	
CITY-ST-ZIP TAMARAC FL		4.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROJOHN, GLENN		5.2 NAME	
STREET ADDRESS 829 PINECREST AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP MC KEESPORT PA		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Kenna W. Stephens

4/8/98 (954) 942-2800

CR2E037 (10/97)