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Feb 03 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 # 755647 (5)
1. Corporation Name
LACOQUINA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 14401 GULF BLVD, MADEIRA BEACH FL 33708
Mailing Address: C/O PAREKH. COMMONS & CO., 2700 EAST BAY DR., #107, LARGO FL 34641

3. Date Incorporated or Qualified: 12/22/1980
4. FEI Number: 59-3255533
Applied For: Not Applicable:

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) details including Suite, Apt. #, etc., City & State, Zip, and Country.

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: PARK, MARY, 10135 133RD ST, SEMINOLE FL 33776
10. Name and Address of New Registered Agent: MAY HOLTZ, 14401 GULF BLVD #105, MADERIA BCH FL 33708

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: *Mary V. Holtz* (Signature, typed or printed name of registered agent and title if applicable.)
Signature: *May V. Holtz* (NOTE: Registered Agent signature required when reinstating.)
DATE: 1/26/98

12. OFFICERS AND DIRECTORS

TITLE	VP/D	<input checked="" type="checkbox"/> DELETE
NAME	PARK, MARY	
STREET ADDRESS	10135 133RD STREET	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BECKERMANN, GARY	
STREET ADDRESS	20045 GULF BLVD #101	
CITY-ST-ZIP	INDIAN SHORES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLTZ, MAY	
STREET ADDRESS	14401 GULF BLVD #105	
CITY-ST-ZIP	MADERIA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HERNANDEZ, GIL	
1.3 STREET ADDRESS	918 E. BUSH BLVD	
1.4 CITY-ST-ZIP	TAMPA FL 33612-8501	
2.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PORATH, ELWOOD	
2.3 STREET ADDRESS	13100 VERONICA ST	
2.4 CITY-ST-ZIP	SOUTH GATE MI 48195	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		33708
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(l), 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: *May V. Holtz* 1/26/98 813-392-0889

CR2E037 (10/97)