

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 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 # **762728** (4)
1. Corporation Name
DAV-MAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 214 CALLE MIRA MAR SARASOTA FL 34234-3320	Mailing Address PO BOX 10714 BRADENTON FL 34282 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 04/05/1982
4. FEI Number 59-2226475
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

9. Name and Address of Current Registered Agent MARONE, ROBERT 570 57TH AVE WEST #107 BRADENTON FL 34207
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10. Name and Address of New Registered Agent 81 Name MARONE, ROBERT 82 Street Address (P.O. Box Number is Not Acceptable) 570 57TH AVE WEST #107 83 City BRADENTON 84 State FL 85 Zip Code 34207
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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 Robert Marone ROBERT MARONE 3/22/98 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE
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12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD ORTNER, VIVIAN J
STREET ADDRESS	214 CALLE MIRA MAR #4
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	STD ADELTRAUT, WIRTZ
STREET ADDRESS	214 CALLE MIRA MAR #6
CITY-ST-ZIP	SARASOTA FL 34242
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D GRAY, JEFFREY A
STREET ADDRESS	401 GOLDEN ISLES DR.
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	<input type="checkbox"/> DELETE
NAME	D SCHACKOW, SAM
STREET ADDRESS	2355 MCCLELLEN PKWY
CITY-ST-ZIP	SARASOTA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	R MARONE, ROBERT
STREET ADDRESS	57TH AVE W #107
CITY-ST-ZIP	BRADENTON FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STD BAUER, JOHN
1.3 STREET ADDRESS	4510 WOODSIDE ROAD
1.4 CITY-ST-ZIP	SARASOTA FL 34242
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	AS
5.3 STREET ADDRESS	570 57TH AVE WEST, #107
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)(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 recorder 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 Robert Marone 3/22/98 041-786-0401
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CR2E037 (10/97)