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Feb 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762728

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

100358-90028-16



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/05/1982
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2226475
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ORTNER, VIVIAN
214 CALLE MIRAMAR #7
SARASOTA FL 34242

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTNER, VIVIAN J	1.2 NAME	
STREET ADDRESS	214 CALLE MIRA MAR #4	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	1.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUER, JOHN	2.2 NAME	WIAZ, EDEL
STREET ADDRESS	4520 WOODSIDE ROAD	2.3 STREET ADDRESS	214 CALLE MIRA MAR, #6
CITY-ST-ZIP	SARASOTA FL 34242	2.4 CITY-ST-ZIP	SARASOTA 34242
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHACKOW, SAM	3.2 NAME	
STREET ADDRESS	2355 MCCLELLEN PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARONE, ROBERT	4.2 NAME	
STREET ADDRESS	570 57TH AVE W, #107	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34282	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Robert Marone 1/3/99 941-756-0401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)