


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 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 # 766506 (0)
1. Corporation Name
AVANTI OCEAN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2504 ATLANTIC BCH BLVD., APT. 2A FT. PIERCE FL 34949	Mailing Address 2504 ATLANTIC BCH BLVD., APT. 2A FT. PIERCE FL 34949
--	--

3. Date Incorporated or Qualified
01/11/1983

4. FEI Number
59-2643969

Applied For
 Not Applicable

21. Principal Place of Business 2504 ATLANTIC BCH BLVD Suite, Apt. #, etc. 1B	22. Mailing Address 2504 ATLANTIC BCH BLVD Suite, Apt. #, etc. 1B
23. City & State FT PIERCE FL	24. City & State FT PIERCE FL
25. Zip 34949	26. Country ST LUCIE
27. Zip 34949	28. Country ST LUCIE

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

ALLISON, JOHN R., III
111 N.E. FIRST ST.
MIAMI FL 33132

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME LONGO, MICHAEL	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2504 ATLANTIC BCH BLVD.	CITY-ST-ZIP FT. PIERCE FL	1.2 NAME FAHEY, DONALD	1.3 STREET ADDRESS 2504 ATLANTIC BCH BLVD 1B
TITLE STD	NAME LONGO, JEANNE	1.4 CITY-ST-ZIP FT PIERCE FL 34949	
STREET ADDRESS 2504 ATLANTIC BCH BLVD.	CITY-ST-ZIP FT. PIERCE FL	2.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME FAHEY, DONALD	2.2 NAME FAHEY, PATRICA	2.3 STREET ADDRESS 2504 ATLANTIC BCH BLVD 1B
STREET ADDRESS 2504 ATLANTIC BCH BLVD.	CITY-ST-ZIP FT. PIERCE FL	2.4 CITY-ST-ZIP FT PIERCE FL 34949	
TITLE D	NAME FAHEY, DONALD	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2504 ATLANTIC BCH BLVD.	CITY-ST-ZIP FT. PIERCE FL	3.2 NAME Joseph ARANDA JR.	3.3 STREET ADDRESS 2504 ATLANTIC BCH BLVD 2B
TITLE D	NAME FAHEY, DONALD	3.4 CITY-ST-ZIP FT. PIERCE, FL 34949	
STREET ADDRESS 2504 ATLANTIC BCH BLVD.	CITY-ST-ZIP FT. PIERCE FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.2 NAME	
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
CITY-ST-ZIP		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 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: Donna M. Aranda (PATRICA FAHEY) **LA-2-98 466-7421**

CR2E037 (10/97)