

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00820 (3)

1. Corporation Name
A.R.G. CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
#30. 851 MILES AVE WINTER PARK FL 32789

3. Date Incorporated or Qualified 01/11/1984	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2578287	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**SCARLATA, JAY
851 MILES AVE, #30
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent
**81 Name Clarence J. Kenneke
82 Street Address (P.O. Box Number is Not Acceptable) 851 Miles Av # 30
83 Winter
84 City Winter Park FL 85 Zip Code 32789**

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 617.0502, Florida Statutes.

SIGNATURE *Clarence J. Kenneke* DATE **4/15/96**
Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	PD
NAME	HUDSON, RUTH	1.2 NAME	Clarence J. Kenneke
STREET ADDRESS	851 MILES AVE. #21	1.3 STREET ADDRESS	851 Miles Av #30
CITY - ST - ZIP	WINTER PARK FL	1.4 CITY - ST - ZIP	Winter Park FL 32789
TITLE	VD	2.1 TITLE	VD
NAME	KENNETH, JOHN	2.2 NAME	Neil Cook
STREET ADDRESS	851 MILES AVE. #2	2.3 STREET ADDRESS	851 Miles Av #18
CITY - ST - ZIP	WINTER PARK FL	2.4 CITY - ST - ZIP	Winter Park FL 32789
TITLE	PD	3.1 TITLE	SD
NAME	CALABRO, TOM	3.2 NAME	Wanda Cassavant
STREET ADDRESS	5007 LIDO ST.	3.3 STREET ADDRESS	3529 Dubsdread Cir.
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	Orlando FL 32804
TITLE	VD	4.1 TITLE	VD
NAME	COOK, NEIL	4.2 NAME	Arlene Ronnick
STREET ADDRESS	851 MILES AVE. #18	4.3 STREET ADDRESS	851 Miles Av #14
CITY - ST - ZIP	WINTER PARK FL	4.4 CITY - ST - ZIP	Winter Park FL 32789
TITLE	VD	5.1 TITLE	
NAME	CASAVANT, WANDA	5.2 NAME	
STREET ADDRESS	3529 DUBSDREAD CIR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Clarence J. Kenneke* DATE: **4/15/96** TELEPHONE: **407/644-8785**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)