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Mar 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 #30. 851 MILES AVE WINTER PARK FL 32789  
Mailing Address #30. 851 MILES AVE WINTER PARK FL 32789

3. Date Incorporated or Qualified 01/11/1984  
3a. Date of Last Report 04/25/1996

2. Principal Place of Business  
21 851 Miles Ave  
22 Suite, Apt. #, etc. A3  
23 City & State W.P. FL.  
24 Zip 32789  
25 Country  
26 Mailing Address Same  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip  
30 Country

4. FEI Number 59-2578287  
Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
KENNEKE, CLARENCE J  
851 MILES AVE  
STE 30  
WINTER PARK FL 32789  
Kelly F. de Rivero  
851 Miles Av  
#13  
Winter Park FL 32789  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code FL

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] 3/20/97  
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                      | PO                    | 1.1 TITLE   | V.P.                    |
| NAME                       | KENNEKE, CLARENCE J   | 1.2 NAME  | Arlene Ronnick          |
| STREET ADDRESS             | 851 MILES AVE SRE 30  | 1.3 STREET ADDRESS                                    | 851 Miles Ave. #14 V.P. |
| CITY-ST-ZIP                | WINTER PARK FL        | 1.4 CITY-ST-ZIP                                       | Winter Park 32789       |
| TITLE                      | VD                    | 2.1 TITLE   | Treasurer               |
| NAME                       | KENNETH, JOHN         | 2.2 NAME  | Sallie Spivey           |
| STREET ADDRESS             | 851 MILES AVE. #2     | 2.3 STREET ADDRESS                                    | 851 Miles Ave. #28      |
| CITY-ST-ZIP                | WINTER PARK FL        | 2.4 CITY-ST-ZIP                                       | W.P. 32789              |
| TITLE                      | SD                    | 3.1 TITLE   | Pres.                   |
| NAME                       | CASSARANT, WANDA      | 3.2 NAME  | Kelly F. de Rivero      |
| STREET ADDRESS             | 3529 DUBSDREAD CIRCLE | 3.3 STREET ADDRESS                                    | 851 Miles Av #13        |
| CITY-ST-ZIP                | ORLANDO FL            | 3.4 CITY-ST-ZIP                                       | W.P. FL 32789           |
| TITLE                      | VD                    | 4.1 TITLE   | Secre.                  |
| NAME                       | COOK, NEIL            | 4.2 NAME  | Lisa Bryan              |
| STREET ADDRESS             | 851 MILES AVE. #18    | 4.3 STREET ADDRESS                                    | 851 Mills Ave.          |
| CITY-ST-ZIP                | WINTER PARK FL        | 4.4 CITY-ST-ZIP                                       | W.P. 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                      | VD                    | 6.1 TITLE   |                         |
| NAME                       | COOK, NELL            | 6.2 NAME  |                         |
| STREET ADDRESS             | 851 MILES AVE STE 18  | 6.3 STREET ADDRESS                                    |                         |
| CITY-ST-ZIP                | WINTER PARK FL        | 6.4 CITY-ST-ZIP                                       |                         |

14. I do 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: [Signature] SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Bank Dep \$ 61.25 3-28-97  
Daytime Phone # 0077638

CR2E037 (9/96)