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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

Suite, Apt. #, etc.

22 A3

23 City & State

W.P. FL

24 Zip

32789

Country

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

28 City & State

W.P. FL

29 Zip

32789

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 Ave  
#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

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

3/20/97

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME KENNEKE, CLARENCE J  
STREET ADDRESS 851 MILES AVE SRE 30  
CITY-ST-ZIP WINTER PARK FL  
☒ DELETE

TITLE VD  
NAME KENNETH, JOHN  
STREET ADDRESS 851 MILES AVE. #2  
CITY-ST-ZIP WINTER PARK FL  
☒ DELETE

TITLE SD  
NAME CASSARANT, WANDA  
STREET ADDRESS 3529 DUBSDREAD CIRCLE  
CITY-ST-ZIP ORLANDO FL  
☐ DELETE

TITLE VD  
NAME COOK, NEIL  
STREET ADDRESS 851 MILES AVE. #18  
CITY-ST-ZIP WINTER PARK FL  
☒ DELETE

TITLE VD  
NAME CASAVANT, WANDA  
STREET ADDRESS 3529 DUBSDREAD CIR.  
CITY-ST-ZIP ORLANDO FL  
☐ DELETE

TITLE VD  
NAME COOK, NELL  
STREET ADDRESS 851 MILES AVE STE 18  
CITY-ST-ZIP WINTER PARK FL  
☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P.  
1.2 NAME Arlene Ronnick  
1.3 STREET ADDRESS 851 Miles Ave. #14  
1.4 CITY-ST-ZIP Winter Park 32789  
☐ Change ☒ Addition

2.1 TITLE Treasurer  
2.2 NAME Sallie Spivey  
2.3 STREET ADDRESS 851 Miles Ave. #28  
2.4 CITY-ST-ZIP W.P. 32789  
☐ Change ☒ Addition

3.1 TITLE Pres.  
3.2 NAME Kelly F. de Rivero  
3.3 STREET ADDRESS 851 Miles Ave #13  
3.4 CITY-ST-ZIP W.P. FL 32789  
☐ Change ☒ Addition

4.1 TITLE Secre.  
4.2 NAME Lisa Bryan  
4.3 STREET ADDRESS 851 Miles Ave.  
4.4 CITY-ST-ZIP W.P. 32789  
☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sallie Spivey 2-2-97  
Bank Dep \$61.25 3-28  
JP

Daytime Phone # 0077838

CR2E037 (9/96)