


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00820** (3)

1. Corporation Name

A.R.G. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**851 MILES AVE. A3
WINTER PARK FL 32789**

**851 MILES AVE. A3
WINTER PARK FL 32789**



2. Principal Place of Business	2a. Mailing Address
21 851 Miles Ave	26 851 Miles Ave
22 #30	27 #30
23 Winter Park FL	28 Winter Park FL
24 32789	29 32789
25 USA	30 USA

3. Date Incorporated or Qualified

01/11/1984

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**

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

10. Name and Address of New Registered Agent

**DE RIVERS, KELLY T
851 MILES AVE
STE 13
WINTER PARK FL 32789**

81 Name

Arlene B. Ronnick

82 Street Address (P.O. Box Number is Not Acceptable)

851 Miles Ave Box 30

83

84

Winter Park, FL

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 617.0503, Florida Statutes.

SIGNATURE **Arlene B. Ronnick**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/21/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	P
NAME	RONNICK, ARLENE	1.2 NAME	Ronnick, Arlene
STREET ADDRESS	851 MILES AVE #14	1.3 STREET ADDRESS	851 Miles Ave #30
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	T	2.1 TITLE	V D
NAME	SPIVEY, SALLIE	2.2 NAME	Spivey, Sallie
STREET ADDRESS	851 MILES AVE. 28	2.3 STREET ADDRESS	851 Miles Ave #26
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	Winter Park FL 32789
TITLE	SD	3.1 TITLE	S D
NAME	CASSARANT, WANDA	3.2 NAME	Linda Fisher
STREET ADDRESS	3529 DUBSDREAD CIRCLE	3.3 STREET ADDRESS	851 Miles Ave #15
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Winter Park FL 32789
TITLE	P	4.1 TITLE	P D
NAME	DE RIVERO, KELLY	4.2 NAME	Weatherford, Janet
STREET ADDRESS	851 MILES AVE. 13	4.3 STREET ADDRESS	851 Miles Ave #8
CITY-ST-ZIP	WINTER PARK FL 32789	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	S	6.1 TITLE	
NAME	BRYAN, LISA	6.2 NAME	
STREET ADDRESS	851 MILES AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	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:

Arlene B. Ronnick

1/21/98

Dep \$70

407-1229-191

CR2E037 (10/97)