


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

DOCUMENT # N00820 (3)
1. Corporation Name
A.R.G. CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 851 MILES AVE. A3 WINTER PARK FL 32789
Mailing Address: 851 MILES AVE. A3 WINTER PARK FL 32789

3. Date Incorporated or Qualified: 01/11/1984
4. FEI Number: 59-2578287
Applied For: Not Applicable

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

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: DE RIVERS, KELLY T, 851 MILES AVE, STE 13, WINTER PARK FL 32789

10. Name and Address of New Registered Agent: 81 Name: Arlene B. Ronnick, 82 Street Address: 851 Miles Ave Box 30, 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 617.0503, Florida Statutes.

SIGNATURE: Arlene B. Ronnick (Signature), 1/21/98 (Date)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 #30
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	VP
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	SD
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	PD
NAME	DE RIVERO, KELLY	4.2 NAME	Weatherford, Janette
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: [Signature] 1/21/98

CR2E037 (10/97)