


FILE NOW: FILING FEE IS \$61.25

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Mar 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00820

1. Corporation Name

A.R.G. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

851 MILES AVE.
 #30
 WINTER PARK FL 32789
 US

Mailing Address

851 MILES AVE.
 #30
 WINTER PARK FL 32789
 US



2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
21	26	01/11/1984
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2578287
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
25	29	\$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
30	30	Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RONNICK, ARLENE T 851 MILES AVE STE 30 WINTER PARK FL 32789		81 Name	Jennifer Doran
		82 Street Address (P.O. Box Number is Not Acceptable)	851 Miles Ave Suite 30
		83	
		84 City	Winter Park
		85 State	FL
		86 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: *Jennifer Doran* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONNICK, ARLENE	1.2 NAME	
STREET ADDRESS	851 MILES AVE #30	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPIVEY, SALLIE	2.2 NAME	Jennifer Doran
STREET ADDRESS	851 MILES AVE. 26	2.3 STREET ADDRESS	851 Miles Ave #23
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASSARANT, WANDA	3.2 NAME	Jennifer Tacher
STREET ADDRESS	3529 DUBSDREAD CIRCLE	3.3 STREET ADDRESS	851 Miles Ave #27
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, LINDA	4.2 NAME	
STREET ADDRESS	851 MILES AVE #15	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERFORD, JANETTE	5.2 NAME	
STREET ADDRESS	851 MILES AVE #8	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Linda Fisher* SIGNATURE REQUIRED

Date Daytime Phone #

CR2E037 (11/98)