

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90127 012 \*\*\*\*70.00

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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

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City &amp; State

29 Zip

30 Country

3. Date Incorporated or Qualified

01/11/1984

4. FEI Number

59-2578287

Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

RONNICK, ARLENE T  
851 MILES AVE  
STE 30  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

Jennifer Doran

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

851 Miles Ave Suite 30

83

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP  
RONNICK, ARLENE  
851 MILES AVE #30  
WINTER PARK FL 32789TITLE D ☒ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP  
SPIVEY, SALLIE  
851 MILES AVE. 26  
WINTER PARK FL 32789TITLE SD ☒ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP  
CASSARANT, WANDA  
3529 DUBSDREAD CIRCLE  
ORLANDO FLTITLE D ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP  
FISHER, LINDA  
851 MILES AVE #15  
WINTER PARK FL 32789TITLE D ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP  
WEATHERFORD, JANETTE  
851 MILES AVE #8  
WINTER PARK FL 32789TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE P/D ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE V/D ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE S/D ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE T/D ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)