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Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20017 (2)
1. Corporation Name
ELYSIUM AT THE ARBORS HOMEOWNERS ASSOCIATION INC



Principal Place of Business 108 ELYSIUM DR ROYAL PALM BEACH FL 33411 US	Mailing Address 108 ELYSIUM DR ROYAL PALM BEACH FL 33411 US
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3. Date Incorporated or Qualified 04/07/1987	
4. FEI Number 65-0062617	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**LADWIG, PATTI HEIDLER
1645 PALM BEACH LAKES BLVD.
SUITE 640
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	VPD	<input type="checkbox"/> DELETE
NAME	FRY, CHARLIE	
STREET ADDRESS	146 ELYSIUM DR	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GUZMAN, CEASAR	
STREET ADDRESS	134 ELYSIUM DR.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	BOWIE, BUDDY	
STREET ADDRESS	119 ELYSIUM DRIVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	BREITWEISER, DON	
STREET ADDRESS	132 ELYSIUM DR	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JUBACK, RICHARD	
STREET ADDRESS	108 ELYSIUM DRIVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOBILIA, RON	
STREET ADDRESS	144 ELYSIUM DR	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOCKMAN, PHIL	
1.3 STREET ADDRESS	140 ELYSIUM DRIVE	
1.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
2.1 TITLE	UMD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GARVEY, ERNIE	
2.3 STREET ADDRESS	129 ELYSIUM DRIVE	
2.4 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MOBIKIA, RON	
6.3 STREET ADDRESS	144 ELYSIUM DRIVE	
6.4 CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	

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: RICHARD JUBACK TREASURER 1-31-98 501-788-4988

CR2E037 (10/97)