

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90050 029 ****61.25

0042187

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N20017

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**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 129 ELYSIUM DRIVE	04/07/1987
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0062617
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28 ROYAL PALM BEACH FL	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24	29 33411	30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LADWIG, PATTI HEIDLER 1645 PALM BEACH LAKES BLVD. SUITE 640 WEST PALM BEACH FL 33401	81 Name LADWIG, PATTI HEIDLER 82 Street Address (P.O. Box Number is Not Acceptable) 12765 W FOREST HILL BLVD SUITE 1317 83 84 City WELLINGTON FL 85 Zip Code 33414

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 _____ 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	VPD	1.1 TITLE	F.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRY, CHARLIE	1.2 NAME	FRY, CHARLIE
STREET ADDRESS	146 ELYSIUM DR	1.3 STREET ADDRESS	146 ELYSIUM DRIVE
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	1.4 CITY-ST-ZIP	ROYAL PALM BEACH FL 33411
TITLE	MD	2.1 TITLE	T.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARVEY, ERNIE	2.2 NAME	GARVEY, ERNIE
STREET ADDRESS	129 ELYSIUM DRIVE	2.3 STREET ADDRESS	129 ELYSIUM DRIVE
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	2.4 CITY-ST-ZIP	ROYAL PALM BEACH FL 33411
TITLE	ATD	3.1 TITLE	VPD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWIE, BUDDY	3.2 NAME	GREENWALD, LEE
STREET ADDRESS	119 ELYSIUM DRIVE	3.3 STREET ADDRESS	101 ELYSIUM DRIVE
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	3.4 CITY-ST-ZIP	ROYAL PALM BEACH FL 33411
TITLE	SD	4.1 TITLE	F.T.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREITWEISER, DON	4.2 NAME	MERRIMAN, NORMA
STREET ADDRESS	132 ELYSIUM DR	4.3 STREET ADDRESS	122 ELYSIUM DRIVE
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	4.4 CITY-ST-ZIP	ROYAL PALM BEACH FL 33411
TITLE	TD	5.1 TITLE	S.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUBACK, RICHARD	5.2 NAME	RODRIGUEZ, MIKE
STREET ADDRESS	108 ELYSIUM DRIVE	5.3 STREET ADDRESS	127 ELYSIUM DRIVE
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	5.4 CITY-ST-ZIP	ROYAL PALM BEACH FL 33411
TITLE	PD	6.1 TITLE	M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOBILIA, RON	6.2 NAME	TROTTA, CHARLIE
STREET ADDRESS	144 ELYSIUM DR	6.3 STREET ADDRESS	105 ELYSIUM DRIVE
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	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, with all other like empowered.

SIGNATURE: **SIGNATURE ERNIE GARVEY** TREASURER **466/99 56100102**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)