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**Secretary of State**

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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 <b>129 ELYSIUM DRIVE</b>   | <b>04/07/1987</b>                                                               |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.           | 4. FEI Number                                                                   |
| 22                             | 27                            | <b>65-0062617</b>                                                               |
| City & State                   | City & State                  | 5. Certificate of Status Desired <input type="checkbox"/>                       |
| 23                             | 28 <b>ROYAL PALM BEACH FL</b> | <b>\$8.75 Additional Fee Required</b>                                           |
| Zip                            | Country                       | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |
| 24                             | 29 <b>33411</b>               | <b>\$5.00 May Be Added to Fees</b>                                              |
|                                | 30 <b>USA</b>                 |                                                                                 |

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

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                                             | <b>F.D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                                                                                                                                       | <b>FRY, CHARLIE</b>              | 1.2 NAME                                              | <b>FRY, CHARLIE</b>                                                                        |
| STREET ADDRESS                                                                                                                             | <b>146 ELYSIUM DR</b>            | 1.3 STREET ADDRESS                                    | <b>146 ELYSIUM DRIVE</b>                                                                   |
| CITY-ST-ZIP                                                                                                                                | <b>ROYAL PALM BEACH FL 33411</b> | 1.4 CITY-ST-ZIP                                       | <b>ROYAL PALM BEACH FL 33411</b>                                                           |
| TITLE                                                                                                                                      | MD                               | 2.1 TITLE                                             | <b>MD.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| NAME                                                                                                                                       | <b>GARVEY, ERNIE</b>             | 2.2 NAME                                              | <b>GARVEY, ERNIE</b>                                                                       |
| STREET ADDRESS                                                                                                                             | <b>129 ELYSIUM DRIVE</b>         | 2.3 STREET ADDRESS                                    | <b>129 ELYSIUM DRIVE</b>                                                                   |
| CITY-ST-ZIP                                                                                                                                | <b>ROYAL PALM BEACH FL 33411</b> | 2.4 CITY-ST-ZIP                                       | <b>ROYAL PALM BEACH FL 33411</b>                                                           |
| TITLE                                                                                                                                      | ATD                              | 3.1 TITLE                                             | <b>VPD.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                                                                                                                                       | <b>BOWIE, BUDDY</b>              | 3.2 NAME                                              | <b>GREENWALD, LEE</b>                                                                      |
| STREET ADDRESS                                                                                                                             | <b>119 ELYSIUM DRIVE</b>         | 3.3 STREET ADDRESS                                    | <b>101 ELYSIUM DRIVE</b>                                                                   |
| CITY-ST-ZIP                                                                                                                                | <b>ROYAL PALM BEACH FL 33411</b> | 3.4 CITY-ST-ZIP                                       | <b>ROYAL PALM BEACH FL 33411</b>                                                           |
| TITLE                                                                                                                                      | SD                               | 4.1 TITLE                                             | <b>F.T.D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                       | <b>BREITWEISER, DON</b>          | 4.2 NAME                                              | <b>MERRIMAN, NORMA</b>                                                                     |
| STREET ADDRESS                                                                                                                             | <b>132 ELYSIUM DR</b>            | 4.3 STREET ADDRESS                                    | <b>122 ELYSIUM DRIVE</b>                                                                   |
| CITY-ST-ZIP                                                                                                                                | <b>ROYAL PALM BEACH FL 33411</b> | 4.4 CITY-ST-ZIP                                       | <b>ROYAL PALM BEACH FL 33411</b>                                                           |
| TITLE                                                                                                                                      | TD                               | 5.1 TITLE                                             | <b>SD.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| NAME                                                                                                                                       | <b>JUBACK, RICHARD</b>           | 5.2 NAME                                              | <b>RODRIGUEZ, MIKE</b>                                                                     |
| STREET ADDRESS                                                                                                                             | <b>108 ELYSIUM DRIVE</b>         | 5.3 STREET ADDRESS                                    | <b>127 ELYSIUM DRIVE</b>                                                                   |
| CITY-ST-ZIP                                                                                                                                | <b>ROYAL PALM BEACH FL 33411</b> | 5.4 CITY-ST-ZIP                                       | <b>ROYAL PALM BEACH FL 33411</b>                                                           |
| TITLE                                                                                                                                      | PD                               | 6.1 TITLE                                             | <b>M.D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                                                                                                                                       | <b>MOBILIA, RON</b>              | 6.2 NAME                                              | <b>TROTTA, CHARLIE</b>                                                                     |
| STREET ADDRESS                                                                                                                             | <b>144 ELYSIUM DR</b>            | 6.3 STREET ADDRESS                                    | <b>105 ELYSIUM DRIVE</b>                                                                   |
| CITY-ST-ZIP                                                                                                                                | <b>ROYAL PALM BEACH FL 33411</b> | 6.4 CITY-ST-ZIP                                       | <b>ROYAL PALM BEACH FL 33411</b>                                                           |

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 5610/102**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)