

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33556 (4)

1. Corporation Name
MONTCLAIR AT AUDUBON CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
BOX 7105 NAPLES FL 33941 US **PO BOX 7105 NAPLES FL 33941 US**

3. Date Incorporated or Qualified **06/03/1989** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

4. FEI Number **65-0140748** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KUETER, BEVERLY
2079 J & C BLVD
NAPLES FL 33942**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PO <input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	LOEB, ALEXANDER	1.2 NAME
STREET ADDRESS	588 AUDUBON BLVD 202	1.3 STREET ADDRESS
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE
NAME	HUILVERSON, JAMES	2.2 NAME
STREET ADDRESS	551 AUDUBON BLVD 301	2.3 STREET ADDRESS
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE
NAME	DEMARGE, ELIZABETH	3.2 NAME
STREET ADDRESS	601 AUDUBON BLVD 202	3.3 STREET ADDRESS
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	CLAMAN, MAURICE	
	551 AUDUBON BLVD. #102	
	Naples, FL	
	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	S.T, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	SHEPARD, J. Kenneth	
	599 Audubon Blvd. #101	
	Naples, FL. 33943	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *James Huliverson* 3/1/96 941/591-2060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)