

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 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 # N33556 (4)
1. Corporation Name
MONTCLAIR AT AUDUBON CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business BOX 7105 NAPLES FL 33941 US	Mailing Address PO BOX 7105 NAPLES FL 33941 US
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3. Date Incorporated or Qualified 06/03/1989	
4. FEI Number 65-0140748	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 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 type="checkbox"/> Yes <input checked="" 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
**KUETER, BEVERLY
2070 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 85 Zip Code 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE -PD-	<input type="checkbox"/> DELETE	1.1 TITLE D, S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME -CLAMAN, MAURICE-		1.2 NAME William Koptis	
STREET ADDRESS -551 AUDUBON BLVD #102		1.3 STREET ADDRESS 583 Audubon Blvd. #101	
CITY-ST-ZIP -NAPLES FL-		1.4 CITY-ST-ZIP NAPLES, FL.	
TITLE -VPD-	<input type="checkbox"/> DELETE	2.1 TITLE D, V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME -KIGGEN, JAMES-		2.2 NAME Joseph Hanson	
STREET ADDRESS -667 AUDUBORN BLVD. #101-		2.3 STREET ADDRESS 559 Audubon Blvd. #301	
CITY-ST-ZIP -NAPLES FL-		2.4 CITY-ST-ZIP NAPLES, FL	
TITLE -STD-	<input type="checkbox"/> DELETE	3.1 TITLE D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHEPARD, SALLY		3.2 NAME	
STREET ADDRESS 500 AUDUBON BLVD #101		3.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Sally Shepard 3/10/98 941/591-2040

CR2E037 (10/97)