

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

97 SEP 25 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # N48006 (3)**  
 1. Corporation Name  
**TRANQUILITY BASE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>375-385 S ATLANTIC AVE ORMOND BEACH FL 32176</b>	Mailing Address <b>35 RIVER RIDGE TRAIL ORMOND BEACH FL 32174 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/24/1992</b>	3a. Date of Last Report <b>02/21/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**VEDDER, MATTHEW K.  
375-385 S ATLANTIC AVE  
ORMOND BEACH FL 32176**

**10. Name and Address of New Registered Agent**

**81 Name** **DAVID F. VEDDER, ESQUIRE**

**82 Street Address (P.O. Box Number is Not Acceptable)**  
**648 South Ridgewood Avenue**

**83**

**84 City** **Daytona Beach** **FL** **85 Zip Code** **32114**

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 *David F. Vedder* **9-17-97**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE <b>DP</b>	<input type="checkbox"/> DELETE
NAME <b>VEDDER, JOHN E. SA</b>	
STREET ADDRESS <b>375 S. ATLANTIC AVE. 35</b>	
CITY-ST-ZIP <b>ORMOND BEACH FL</b>	
TITLE <b>DS</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>VEDDER, MATTHEW K.</b>	
STREET ADDRESS <b>375 S. ATLANTIC AVE.</b>	
CITY-ST-ZIP <b>ORMOND BEACH FL</b>	
TITLE <b>DT</b>	<input type="checkbox"/> DELETE
NAME <b>VEDDER, DAVID F.</b>	
STREET ADDRESS <b>648 S. RIDGEWOOD AVE.</b>	
CITY-ST-ZIP <b>DAYTONA BEACH FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>35 River Ridge Trail</b>
1.4 CITY-ST-ZIP	<b>Ormond Beach, FL 32174</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>000002304300--3</b>
2.3 STREET ADDRESS	<b>-09/26/97--01004--002</b>
2.4 CITY-ST-ZIP	<b>***183.75 *****61.25</b>
3.1 TITLE	<b>Secretary-Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

*David F. Vedder*  
**SIGNATURE OF REGISTERED AGENT**

CR2E037 (4/97)