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Feb 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

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

Principal Place of Business: 375-385 S ATLANTIC AVE, ORMOND BEACH FL 32176
Mailing Address: 35 RIVER RIDGE TRAIL, ORMOND BEACH FL 32174, US

3. Date Incorporated or Qualified: 03/24/1992
4. FEI Number: NOT APPLICABLE
Applied For: Not Applicable

2. Principal Place of Business: 21 35 River Ridge Trail, Suite, Apt. #, etc. 22
City & State: 23 Ormond Beach FL, Zip: 24 32174, Country: 25 US
2a. Mailing Address: 26 35 River Ridge Trail, Suite, Apt. #, etc. 27
City & State: 28, Zip: 29, Country: 30

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
VEDDER, DAVID F
648 S RIDGEWOOD AVE
DAYTONA BEACH FL 32114

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

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		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	VEDDER, JOHN E. SR	
STREET ADDRESS	35 RIVER RIDGE TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	VEDDER, MATTHEW K.	
STREET ADDRESS	375 S. ATLANTIC AVE.	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	VEDDER, DAVID F.	
STREET ADDRESS	648 S. RIDGEWOOD AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL	
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		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input 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 checked="" type="checkbox"/> Addition
4.2 NAME	Nancy V. Brown	
4.3 STREET ADDRESS	765 HAWKS Ridge Road	
4.4 CITY-ST-ZIP	PORT ORANGE, FL 32127	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: David F. Vedder DATE: 1/10/98 TELEPHONE: 904/253-3676

CR2E037 (10/97)