

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mougham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000000769 (8)**  
1. Corporation Name  
**LAS ALDEAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>350 SOUTH COUNTY ROAD SUITE 206 PALM BEACH FL 33480</b>	Mailing Address <b>350 SOUTH COUNTY ROAD SUITE 206 PALM BEACH FL 33480-4450</b>
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3. Date incorporated or Qualified <b>02/14/1995</b>	3a. Date of Last Report <b>08/15/1996</b>
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21. Principal Place of Business <b>224 DATUDA STREET</b> Suite, Apt. #, etc. <b>SUITE 412</b> City & State <b>WEST PALM BEACH</b> Zip <b>33401</b>	25. Country <b>PAUL BEACH</b>	26. Mailing Address <b>224 DATUDA STREET</b> Suite, Apt. #, etc. <b>SUITE 412</b> City & State <b>WEST PALM BEACH</b> Zip <b>33401</b>	29. Country <b>PAUL BEACH</b>
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4. FEI Number <b>65-0671733</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**DANTON, RICHARD  
350 SOUTH COUNTY ROAD SUITE 206  
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent  
81 Name **RICHARD DANTON**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**224 DATUDA STREET**  
83 **SUITE 412**  
84 City **WEST PALM BEACH FL** 85 Zip Code **33401**

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: *Richard Danton* **4/29/97**  
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>SPD</b>	<input type="checkbox"/> DELETE
NAME	<b>DANTON, RICHARD</b>	
STREET ADDRESS	<b>350 SOUTH COUNTY ROAD SUITE 206</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRANT, JOHN C</b>	
STREET ADDRESS	<b>411 AUSTRALIAN AVE.</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DANTON, DOREEN</b>	
STREET ADDRESS	<b>350 SOUTH COUNTY ROAD SUITE 206</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JOSEPH BUKAROFF - DIRECTOR</b>	
STREET ADDRESS	<b>5119 MINTO ROAD</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</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	<b>SPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DANTON, RICHARD</b>	
1.3 STREET ADDRESS	<b>224 DATUDA STREET - SUITE 412</b>	
1.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>	
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DANTON, DOREEN</b>	
3.3 STREET ADDRESS	<b>224 DATUDA STREET - SUITE 412</b>	
3.4 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>	
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 in an attachment with an address.

SIGNATURE: *Richard Danton* **4-9-97** **561 820-0024**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039339

CR2E037 (9/96)