

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

98 DEC 15 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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REINSTATEMENT 98

DOCUMENT # 79500000769
 1. Corporation Name
LAS ALDEAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
407 Australian Ave Palm Beach, FL 33480	407 Australian Ave Palm Beach, FL 33480

2. Principal Place of Business	2a. Mailing Address		
21 407 Australian Ave	26 407 Australian Ave		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23 Palm Beach	28 Palm Beach		
Zip	Country	Zip	Country
24 33480	25	29 33480	30

3. Date Incorporated or Qualified	Applied For
02/14/1995	Not Applicable
4. FEI Number	Applied For
65-0671733	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Is this nonprofit corporation a homeowners association?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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

9. Name and Address of Current Registered Agent

Richard Danton
 350 South County Road, Ste 206
 Palm Beach, FL 33480

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
John R. Banister, Esquire	FL 33480
82 Street Address (P.O. Box Number is Not Acceptable)	
140 Royal Palm Way, Ste 205	
83	
84 City	
Palm Beach	

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 617.0505, Florida Statutes.

SIGNATURE [Signature] DATE 10/30/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
SPD	Danton, Richard	350 South County Road Ste 206	Palm Beach, FL 33480	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
D	Danton, Doreen	350 South County Rd, Ste 206	Palm Beach, FL 33480	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	Burakoff, Joseph	5119 Minto Road	Boynton Beach, FL 33437	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD	Smith, Matthew K.	407 Australian Ave	Palm Beach, FL 33480	
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	Grant, John C.	411 Australian Ave	Palm Beach, FL 33480	
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		100002719581--6	-12/22/98--01083--025	***236.25 ***236.25
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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; that 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 as an attachment with an address.

SIGNATURE: [Signature] DATE 11/13/98 (561) 683 5090 x114

CR2E037 (5/98)