


FILE NOW: FILING FEE IS \$61.25

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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
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DOCUMENT # N96000001409 (9)
 1. Corporation Name
FLORANADA PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 7150 ADDISON RESERVE BLVD DELRAY BEACH FL 33446	Mailing Address 7150 ADDISON RESERVE BLVD DELRAY BEACH FL 33446
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3. Date Incorporated or Qualified 03/11/1996	4. FEI Number 65-0596868	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
		NOT APPLICABLE	

2. Principal Place of Business 21	2a. Mailing Address 26 5295 Town Center Rd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 200
City & State 23	City & State 28 Boca Raton, FL
Zip 24	Country 25
Zip 29 33486	Country 30 USA

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 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
PERNA, CRAIG A
C/O TAYLOR WOODROW/KENCO LTD
7150 ADDISON RESERVE BLVD
DELRAY BEACH FL 33446

10. Name and Address of New Registered Agent
 81 Name **William K. Isaacson**
 82 Street Address (P.O. Box Number is Not Acceptable)
5295 Town Center Rd.
 83 **Suite 200**
 84 City **Boca Raton** **FL** 85 Zip Code **33486**

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: William K. Isaacson DATE: 1/29/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERNA, CRAIG A	1.2 NAME	
STREET ADDRESS	7150 ADDISON RESERVE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOROST, AARON	2.2 NAME	
STREET ADDRESS	7150 ADDISON RESERVE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAYTON, KATHRYN B	3.2 NAME	
STREET ADDRESS	7150 ADDISON RESERVE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33446	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: William K. Isaacson **1-28-98** **561** **687-3626**

CR2E037 (10/97)