

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90024 050 ****61.25

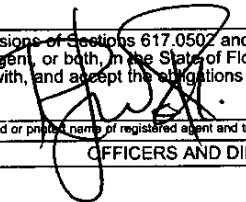
NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000006825					
1. Corporation Name EVERGLADES SOUTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1605 BAY RD. MIAMI BEACH FL 33139			Mailing Address 1605 BAY RD. MIAMI BEACH FL 33139		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 SUITE 401 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 SUITE #401 28 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified 12/03/1998	
				4. FEI Number 65-0883717 Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent WOLFARTH, ROBERT J 1605 BAY RD. MIAMI BEACH FL 33139				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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.

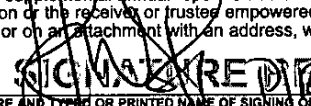
SIGNATURE  **REGISTERED AGENT ROBERT WOLFARTH 4/1/99.** DATE

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			
☐ DELETE				☐ Change ☐ Addition			
TITLE	DP	NAME	WOLFARTH, ROBERT J	1.1 TITLE			
STREET ADDRESS	1605 BAY RD.			1.2 NAME			
CITY-ST-ZIP	MIAMI BEACH FL 33139			1.3 STREET ADDRESS			
TITLE	DT	NAME	WOLFARTH, ROBERT J II	1.4 CITY-ST-ZIP			
STREET ADDRESS	1605 BAY RD.			2.1 TITLE	☐ Change ☐ Addition		
CITY-ST-ZIP	MIAMI BEACH FL 33139			2.2 NAME			
TITLE	DS	NAME	WOLFARTH, KATHLEEN Z	2.3 STREET ADDRESS			
STREET ADDRESS	1605 BAY RD.			2.4 CITY-ST-ZIP	☐ Change ☐ Addition		
CITY-ST-ZIP	MIAMI BEACH FL 33139			3.1 TITLE			
TITLE		NAME		3.2 NAME	☐ Change ☐ Addition		
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		NAME		4.1 TITLE	☐ Change ☐ Addition		
STREET ADDRESS				4.2 NAME			
CITY-ST-ZIP				4.3 STREET ADDRESS			
TITLE		NAME		4.4 CITY-ST-ZIP			
STREET ADDRESS				5.1 TITLE	☐ Change ☐ Addition		
CITY-ST-ZIP				5.2 NAME			
TITLE		NAME		5.3 STREET ADDRESS			
STREET ADDRESS				5.4 CITY-ST-ZIP			
CITY-ST-ZIP				6.1 TITLE	☐ Change ☐ Addition		
TITLE		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, with all other like empowered.

SIGNATURE:

 **SIGNATURE OF DIRECTOR ROBERT WOLFARTH 4/1/99 (305) 672-2426**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)