

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 MAY -1 PH 1:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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**CORPORATION
ANNUAL REPORT
1995**

**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # N00820 (3)

1. Corporation Name
A.R.G. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

#30. 851 MILES AVE WINTER PARK FL 32789 **#30. 851 MILES AVE WINTER PARK FL 32789**

3. Date Incorporated or Qualified **01/11/1984** 3a. Date of Last Report **04/01/1994**

4. FEI Number **59-2578287** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**SCARLATA, JAY
851 MILES AVE, #30
WINTER PARK FL 32789**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	Sec (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE RIVERO, KELLY	1.2 NAME	Hudson, Ruth
STREET ADDRESS	851 MILES AVE #13	1.3 STREET ADDRESS	851 Miles Ave #21
CITY - ST - ZIP	WINTER PARK FL	1.4 CITY - ST - ZIP	Winter Park Fla
TITLE	TD	2.1 TITLE	UP (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARLATA, JAY	2.2 NAME	Kenneke, John
STREET ADDRESS	12 HARBOR POINT PL	2.3 STREET ADDRESS	851 Miles Ave #2
CITY - ST - ZIP	SAFETY HARBOR FL	2.4 CITY - ST - ZIP	Winter Park Fla
TITLE	VP	3.1 TITLE	PD (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALABRO, TOM	3.2 NAME	Calabro, Tom
STREET ADDRESS	5007 LIDO ST.	3.3 STREET ADDRESS	5007 Lido St.
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	Orlando Fla
TITLE	PD	4.1 TITLE	VP (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRARINI, DAVID	4.2 NAME	COOK, Neil
STREET ADDRESS	221 ROBIN ROAD	4.3 STREET ADDRESS	851 Miles Ave # 18
CITY - ST - ZIP	ALTAMONTE SPGS. FL	4.4 CITY - ST - ZIP	Winter Park Fla
TITLE		5.1 TITLE	VP (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Casavant, Wanda
STREET ADDRESS		5.3 STREET ADDRESS	3529 Dubsdread Cir.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Orl. Fla
TITLE		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	

REMITTED BY MPA **CH**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached report with an address.

SIGNATURE: _____ **4/22/95** Daytime Phone # _____