

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF
Sandra B. Morthar
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41400 (5)
1. Corporation Name
POST OFFICE ARCADE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**643 SE ST LUCIE BLVD
STUART FL 34996
US**

Mailing Address
**O.O. BOX 1274
HIGHLANDS NC 28741
US**

3. Date Incorporated or Qualified
12/24/1990

3a. Date of Last Report
04/26/1995

2. Principal Place of Business
21 3477A PALM CITY SCHOOL RD

2a. Mailing Address
26 P.O. BOX 194

22 Suite, Apt. #, etc.
27

23 City & State
PALM CITY

28 City & State
PALM CITY

24 Zip
34990

25 Country
MARTIN

29 Zip
34991

30 Country
MARTIN

4. FEI Number
65-0221350

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**

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

9. Name and Address of Current Registered Agent
**JEFFERSON, JOAN
643 SE ST LUCIE BLVD
STUART FL 34996**

10. Name and Address of New Registered Agent
81 Name WERNER BOLS
82 Street Address (P.O. Box Number is Not Acceptable) 3477A PALM CITY SCHOOL RD
83
84 City PALM CITY FL 85 Zip Code 34990

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 *Werner Bols* **4/11/96**
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	TD	<input checked="" type="checkbox"/> DELETE
NAME	JEFFERSON, JOAN	
STREET ADDRESS	31 S. W. OSCEOLA ST	
CITY - ST - ZIP	STUART FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JEFFERSON, PETER A.	
STREET ADDRESS	31 S. W. OSCEOLA ST	
CITY - ST - ZIP	STUART FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MACMILLAN, ANN S.	
STREET ADDRESS	201 S.E. HARBOUR PT. DR.	
CITY - ST - ZIP	STUART FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MACMILLAN, DAVID M.	
STREET ADDRESS	201 S.E. HARBOUR PT. DR.	
CITY - ST - ZIP	STUART FL	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WERNER BOLS	
1.3 STREET ADDRESS	P.O. BOX 194/3477A PALM CITY SCHOOL RD	
1.4 CITY - ST - ZIP	PALM CITY, FL 34991	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LINDA O'CONNOR	
2.3 STREET ADDRESS	404 SHERIDAN BLVD	
2.4 CITY - ST - ZIP	ORLANDO, FL 32804	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BRIAN BOLS	
3.3 STREET ADDRESS	602 S. CONWAY APT H	
3.4 CITY - ST - ZIP	ORLANDO, FL 32807	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Werner Bols* **4/11/96 407-283-8200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (12/95)