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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751578 (6)

1. Corporation Name
S.L. CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O AMI-CORONET MANAGEMENT 5899 WHITFIELD AVE. S107 SARASOTA FL 34243	Mailing Address C/O AMI-CORONET MANAGEMENT 5899 WHITFIELD AVE. S107 SARASOTA FL 34243-3127
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/17/1980	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2093484	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C/O AMI-CORONET MANAGEMENT
5899 WHITFIELD AVE
S107
SARASOTA FL 34243**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	PISTONE, PETE	
STREET ADDRESS	308 SPRING LAKES BLVD	
CITY-ST-ZIP	BRODENTON FL 34210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINTER, THERESA	
STREET ADDRESS	310 SPRING LAKES BLVD	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COLCOMBE, HARRY	
STREET ADDRESS	301 SPRING LAKES BLVD	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUTLER, RON	
STREET ADDRESS	302 SPRING LAKES BLVD	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DICK, HERSHNER	
STREET ADDRESS	316 SPRING LAKES BLVD	
CITY-ST-ZIP	BRADENTON, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
5.2 NAME	TD
5.3 STREET ADDRESS	DICK, HERSHNER
5.4 CITY-ST-ZIP	316 SPRING LAKES BLVD
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 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: *Sandra B. Mortham* DATE: *3/26/97* (941) 359-1134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)