

FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 756643 (3) 1. Corporation Name PARKER HIGHLAND CONDO. ASSN. IN. C.			
Principal Place of Business 4605 S. OCEAN BLVD HIGHLAND BEACH FL. 33487		Mailing Address 4605 S. OCEAN BLVD HIGHLAND BEACH FL. 33487,	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 03/06/1981		3a. Date of Last Report 03/11/96	
4. FEI Number 59-2084837		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 GEARING PETER A. 4605 S. OCEAN BLVD HIGHLAND BEACH FL. 33487.		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 Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY- ST- ZIP D.P. INGLIMA ROBERT 4605 S. OCEAN BLVD HIGHLAND BEACH FL. 33487.	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP D.P. INGLIMA ROBERT. 4605 S. OCEAN BLVD HIGHLAND BEACH FL. 33487.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP D.V.P. HARRIS ANDREW 4605 S. OCEAN BLVD HIGHLAND BEACH FL. 33487.	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP D.V. HARRIS ANDREW 4605 S. OCEAN BLVD HIGHLAND BEACH FL. 33487.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP D.S. SCHULTZ GERALDINE 4605 S. OCEAN BLVD HIGHLAND BEACH FL. 33487.	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP D.T. REASON RICHARD 4605 S. OCEAN BLVD HIGHLAND BEACH FL. 33487.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP D.T. SIEDLECKI ROBERT 4605 S. OCEAN BLVD HIGHLAND BEACH FL. 33487.	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP D.V.A. SIGALLECKI ROBERT 4605 S. OCEAN BLVD HIGHLAND BEACH FL. 33487.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP D. KALOUSTIAN DIRAK 4605 S. OCEAN BLVD HIGHLAND BEACH FL. 33487.	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP D. DEEMIRJIAN GERALD 4605 S. OCEAN BLVD HIGHLAND BEACH FL. 33487.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST- ZIP 200002184512 -05/20/97--01009--039 ***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature] Robert J Siedlecki V.P.		Date 4/23/97 561-276-4071	

CR2E037 (9/96)