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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N09947 (5)

1. Corporation Name

4300 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4300 CONDO ASSOC INC.  
4312 SO ATLANTIC AVE  
NEW SMYRNA BEACH FL 32169

4300 CONDO ASSOC INC.  
4312 SO ATLANTIC AVE  
NEW SMYRNA BEACH FL 32169-4002

3. Date Incorporated or Qualified  
06/25/1985

3a. Date of Last Report  
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOMONACO, LAWRENCE  
4312 S ATLANTIC AVE  
NEW SMYRNA BCH FL 32169

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 PD  
NAME LOMONACO, LARRY  
STREET ADDRESS 4312 S ATLANTIC AVE  
CITY-ST-ZIP NEW SMYRNA BEACH FL

1.1 TITLE  
1.2 NAME V Ken Burgess  
1.3 STREET ADDRESS 36 Jackson Dr  
1.4 CITY-ST-ZIP Milford, CT 06460

TITLE SD  
NAME BLAIS, ROBERT  
STREET ADDRESS 4312 S ATLANTIC AVE  
CITY-ST-ZIP NEW SMYRNA BCH FL

2.1 TITLE  
2.2 NAME Frank Zahn  
2.3 STREET ADDRESS Ko Slockweg 16  
2.4 CITY-ST-ZIP 12109 Berlin Germany 011-49-30-026-49-98

TITLE TD  
NAME CLIFTON, DON  
STREET ADDRESS 888 OYSTER QUAY  
CITY-ST-ZIP NEW SMYRNA BEACH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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.

Robert Blais, Robert Blais 6/4 97

CR2E037 (9/96)