


FILE NOW: FILING FEE IS \$61.25

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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723377 (8)
1. Corporation Name
THE TUDOR II SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 340 ORANGE TREE DRIVE APARTMENT 2 ATLANTIS FL 33462	Mailing Address 340 ORANGE TREE DRIVE APARTMENT 2 ATLANTIS FL 33462
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3. Date Incorporated or Qualified 05/11/1972	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-1573419	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. 2A	26 Suite, Apt. #, etc. 2A
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEFEKER, KATHARINE L
340 ORANGE TREE DRIVE
APARTMENT 2
ATLANTIS FL 33462**

81 Name FLACHBARTH, ROBERT K.	85 Zip Code 33462
82 Street Address (P.O. Box Number Is Not Acceptable) 340 ORANGE TREE DR	
83 UNIT 2A	
84 City ATLANTIS	85 FL

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 Robert K. FlachbARTH Pres. Robert K. FLACHBARTH 2/7/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KLEFEKER, KATHARINE L	
STREET ADDRESS	340 ORANGE TREE DRIVE	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KLEFEKER, KATHARINE L.	
STREET ADDRESS	340 ORANGE TREE DR	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEDARD, JOHN	
STREET ADDRESS	340 ORANGE TREE DRIVE	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	VANLITH, LORRAINE	
STREET ADDRESS	340 ORANGE TREE DR.	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VANLITH, RONALD	
STREET ADDRESS	340 ORANGE TREE DR	
CITY-ST-ZIP	ATLANTIS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT K. FLACHBARTH	
1.3 STREET ADDRESS	340 ORANGE TREE DR. #2A	
1.4 CITY-ST-ZIP	ATLANTIS, FL 33462	
2.1 TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOSEPH A. ROWE, JR	
2.3 STREET ADDRESS	340 ORANGE TREE DR #4	
2.4 CITY-ST-ZIP	ATLANTIS, FL 33462	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RONALD VANLITH	
3.3 STREET ADDRESS	340 ORANGE TREE DR #5A	
3.4 CITY-ST-ZIP	ATLANTIS, FL 33462	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JEANNINE R. ROWE	
4.3 STREET ADDRESS	340 ORANGE TREE DR #4	
4.4 CITY-ST-ZIP	ATLANTIS, FL 33462	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KATHERINE L. KLEFEKER	
5.3 STREET ADDRESS	340 ORANGE TREE DR.	
5.4 CITY-ST-ZIP	ATLANTIS, FL 33462	
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 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: Robert K. FlachbARTH Robert K. FLACHBARTH 561-966-8204 2/7/98

CR2E037 (10/97)