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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N00820 (3)
1. Corporation Name
A.R.G. CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 851 MILES AVE. A3 WINTER PARK FL 32789
Mailing Address: 851 MILES AVE. A3 WINTER PARK FL 32789

3. Date Incorporated or Qualified: 01/11/1984
4. FEI Number: 59-2578287
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21. 851 Miles Ave
22. Suite, Apt. #, etc. #30
23. Winter Park FL
24. Zip 32789
25. Country USA
2a. Mailing Address
26. 851 Miles Ave
27. Suite, Apt. #, etc. #30
28. Winter Park FL
29. Zip 32789
30. Country USA

9. Name and Address of Current Registered Agent
DE RIVERS, KELLY T
851 MILES AVE
STE 13
WINTER PARK FL 32789

10. Name and Address of New Registered Agent
81 Name: Arlene B. Ronnick
82 Street Address (P.O. Box Number is Not Acceptable): 851 Miles Ave Box 30
83
84 City: Winter Park, FL
85 Zip Code: 32789

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: Arlene B. Ronnick DATE: 1/21/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VP <input type="checkbox"/> DELETE
NAME	RONNICK, ARLENE
STREET ADDRESS	851 MILES AVE #14
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	T <input type="checkbox"/> DELETE
NAME	SPIVEY, SALLIE
STREET ADDRESS	851 MILES AVE. 28
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	SD <input type="checkbox"/> DELETE
NAME	CASSARANT, WANDA
STREET ADDRESS	3529 DUBSDREAD CIRCLE
CITY-ST-ZIP	ORLANDO FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	DE RIVERO, KELLY
STREET ADDRESS	851 MILES AVE. 13
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	CASAVANT, WANDA
STREET ADDRESS	3529 DUBSDREAD CIR.
CITY-ST-ZIP	ORLANDO FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	BRYAN, LISA
STREET ADDRESS	851 MILES AVE.
CITY-ST-ZIP	WINTER PARK FL 32789

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ronnick, Arlene #30
1.3 STREET ADDRESS	851 Miles Ave
1.4 CITY-ST-ZIP	Winter Park, FL 32789
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Spivey, Sallie
2.3 STREET ADDRESS	851 Miles Ave #26
2.4 CITY-ST-ZIP	Winter Park FL 32789
3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Linda Fisher
3.3 STREET ADDRESS	851 Miles Ave #15
3.4 CITY-ST-ZIP	Winter Park FL 32789
4.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Weatherford, Janette
4.3 STREET ADDRESS	851 Miles Ave #8
4.4 CITY-ST-ZIP	Winter Park FL 32789
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 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: Janette Weatherford DATE: 1/21/98

CR2E037 (10/97)