

4-8-98 B4339 C
FILE NOW: FILING FEE IS \$61.25

FILED

Apr 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **735366** (7)

1. Corporation Name

ROBLES DEL MAR CONDOMINIUM ASSOCIATION



Principal Place of Business C/O VISTA PROPERTIES MGMT 100 VISTA ROYALE BLVD VERO BEACH FL 32962 US		Mailing Address C/O VISTA PROPERTIES MGMT 100 VISTA ROYALE BLVD VERO BEACH FL 32962 US		3. Date Incorporated or Qualified 03/24/1976	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-1914508 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
22 City & State 23 Zip 24 Country 25		27 City & State 28 Zip 29 Country 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 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~HARDT, JOHN L~~
~~5601 N ALA~~
~~UNIT #101 SOUTH~~
~~VERO BEACH FL 32963~~

81 Name **ERICKSON, MARILYN**
82 Street Address (P.O. Box Number is Not Acceptable)
5601 N. A1A # 304N
83
84 City **VERO BEACH** FL 85 Zip Code **32963**

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 *Marilyn Erickson* **MARILYN ERICKSON** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Williams PAUL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDT, JOHN	1.2 NAME	5601 N A1A # 104 N
STREET ADDRESS	5601 N A1A, #101 SOUTH	1.3 STREET ADDRESS	VERO BEACH FL 32963
CITY-ST-ZIP	VERO BCH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIKSON, MARILYN	2.2 NAME	ERICKSON MARILYN (LAST NAME WAS SPelled INCORRECT)
STREET ADDRESS	5601 N ALA 304N	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, ROBERT	3.2 NAME	KROPP, PATRICIA
STREET ADDRESS	5601 N A1A, #200 SOUTH	3.3 STREET ADDRESS	5601 N A1A # 201S
CITY-ST-ZIP	VERO BCH FL	3.4 CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOWAK, AL	4.2 NAME	MALVEY JAMES (FATHER)
STREET ADDRESS	5601 N A1A, #300 NORTH	4.3 STREET ADDRESS	5601 N A1A # 202 S
CITY-ST-ZIP	VERO BCH FL	4.4 CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	S/ Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVER, BILL	5.2 NAME	Asher, William
STREET ADDRESS	5601 N ALA, 110S	5.3 STREET ADDRESS	5601 N A1A # 105S
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	Treasurer Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNY, FRED	6.2 NAME	
STREET ADDRESS	5601 N ALA, 309N	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	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 my address.

SIGNATURE: *Marilyn Erickson* **MARILYN ERICKSON**

CR2E037 (10/97)