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May 01 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 # **745164** (4)
1. Corporation Name
PORPOISE BAY VILLAS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business 300 HARBOUR DR., 510 VERO BEACH FL 32963-2619	Mailing Address 300 HARBOUR DR. #510 VERO BEACH FL 32960 US
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3. Date Incorporated or Qualified 12/07/1978
4. FEI Number 59-1902457
Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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
**LEVINE, JAY STEVEN
3300 PGA BLVD., SUITE 800
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 *Doris A. Drake* **March 23, 1998**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	S	<input type="checkbox"/> DELETE
NAME	DRAKE, DORIS	
STREET ADDRESS	300 HARBOUR DR.	
CITY-ST-ZIP	VERO BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCKEON, JACK	
STREET ADDRESS	300 HARBOUR DR	
CITY-ST-ZIP	VERO BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PECK, RAY	
STREET ADDRESS	300 HARBOUR DR.	
CITY-ST-ZIP	VERO BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BLACKBURN, DELOSS	
STREET ADDRESS	300 HARBOUR DR.	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, LAWRIE	
STREET ADDRESS	300 HARBOUR DR.	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, ZIBA	
STREET ADDRESS	300 HARBOUR DR.	
CITY-ST-ZIP	VERO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Smith, Kendall	
3.3 STREET ADDRESS	300 Harbour Dr.	
3.4 CITY-ST-ZIP	Vero Beach, FL 32963	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gregg, Joe	
5.3 STREET ADDRESS	300 Harbour Dr.	
5.4 CITY-ST-ZIP	Vero Beach, FL 32963	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Griffin, Janice	
6.3 STREET ADDRESS	300 Harbour Dr.	
6.4 CITY-ST-ZIP	Vero Beach, FL 32963	

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: *Doris A. Drake* **March 23, 1998** (561) 221-2766

CR2EC07 (1097)