


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90062 016 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 754133					
1. Corporation Name CARRON HOUSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4600 S OCEAN BLVD HIGHLAND BCH FL 33487-5390			Mailing Address 4600 S OCEAN BLVD HIGHLAND BCH FL 33487-5390		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/11/1980	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2209122	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		Trust Fund Contribution	
9. Name and Address of Current Registered Agent BONIER, ALBERT 4600 S OCEAN BLVD HIGHLAND BEACH FL 33487			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		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME THOMAS, GEORGE					
1.3 STREET ADDRESS 4600 S OCEAN BLVD					
1.4 CITY-ST-ZIP HIGHLAND BCH, FL 00000 33487					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME BOYER, ROBERT					
2.3 STREET ADDRESS 4600 S OCEAN BLVD					
2.4 CITY-ST-ZIP HIGHLAND BCH, FL 00000 33487					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME CARAVETTE, FRANK					
3.3 STREET ADDRESS 4600 S. OCEAN BLVD.					
3.4 CITY-ST-ZIP HIGHLAND BEACH FL 33487					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME CAPUTO, ROY					
4.3 STREET ADDRESS 4600 S OCEAN BLVD					
4.4 CITY-ST-ZIP HIGHLAND BCH FL 33487					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME BONIER, ALBERT					
5.3 STREET ADDRESS 4600 S OCEAN BLVD					
5.4 CITY-ST-ZIP HIGHLAND BCH FL 33487					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME VP					
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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME P.					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME D.					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME S.D.					
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, with all other like empowered.

SIGNATURE:  1-5-99 561-395-9334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)