FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State
03-10-1999 90127 012 ****70.00

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DOCUMENT # **N00820**

1. Corporation Name

A.R.G. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
851 MILES AVE. #30 WINTER PARK FL 32789 US	851 MILES AVE. #30 WINTER PARK FL 32789 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/11/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2578287 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RONNICK, ARLENE T
851 MILES AVE
STE 30
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: Jennifer Doran
82 Street Address (P.O. Box Number is Not Acceptable): 851 Miles Ave. Suite 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: Jennifer Doran — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	RONNICK, ARLENE		1.2 NAME		
STREET ADDRESS	851 MILES AVE #30		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	P/D	☐ Change ☒ Addition
NAME	SPIVEY, SALLIE		2.2 NAME	Jennifer Doran	
STREET ADDRESS	851 MILES AVE. 26		2.3 STREET ADDRESS	851 Miles Ave #23	
CITY-ST-ZIP	WINTER PARK FL 32789		2. 4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	SD	☒ DELETE	3.1 TITLE	V/D	☐ Change ☒ Addition
NAME	CASSARANT, WANDA		3.2 NAME	Jennifer Tacher	
STREET ADDRESS	3529 DUBSDREAD CIRCLE		3.3 STREET ADDRESS	851 Miles Ave #27	
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	D	☐ DELETE	4.1 TITLE	S/D	☒ Change ☐ Addition
NAME	FISHER, LINDA		4. 2 NAME		
STREET ADDRESS	851 MILES AVE #15		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	T/D	☒ Change ☐ Addition
NAME	WEATHERFORD, JANETTE		5.2 NAME		
STREET ADDRESS	851 MILES AVE #8		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Linda S Fisher **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #