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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005182

1. Corporation Name

GIARDINO VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

% PRIME MGMT GROUP, INC.
 6300 PARK OF COMMERCE BLVD
 BOCA RATON FL 33487
 US

Mailing Address

% PRIME MGMT GROUP, INC.
 6300 PARK OF COMMERCE BLVD
 BOCA RATON FL 33487
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/17/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0478757	
24 Country		30 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PRIME MANAGEMENT GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487-8290				81 Name: PRIME MANAGEMENT GROUP	
				82 Street: 6300 PARK OF COMMERCE BLVD	
				83 City: BOCA RATON FL 33487	
				84 City:	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PD
NAME	ERICKSON, RON	1.2 NAME	SPiegel, NORMAN
STREET ADDRESS	5205 E. BRISATA CIR	1.3 STREET ADDRESS	5133-E BRISATA CIR.
CITY-ST-ZIP	BOYNTON BEACH FL 33437	1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	V	2.1 TITLE	VPD
NAME	WORMSER, MALCOM	2.2 NAME	HECKER, LEONARD
STREET ADDRESS	5133 R BRISATA CIR	2.3 STREET ADDRESS	5157-D FLORIA WAY
CITY-ST-ZIP	BOYNTON BEACH FL 33437	2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	S	3.1 TITLE	SD
NAME	LAZAR, IRWIN	3.2 NAME	FRUCHTMAN, ELLEN
STREET ADDRESS	5157 E. FLORIA WAY	3.3 STREET ADDRESS	5157-P FLORIA WAY
CITY-ST-ZIP	BOYNTON BEACH FL 33437	3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	T	4.1 TITLE	TD
NAME	FRUCHTMAN, ELLEN	4.2 NAME	FLIEGEL, JACK
STREET ADDRESS	5157 P FLORIA WAY	4.3 STREET ADDRESS	5133-S BRISATA CIR.
CITY-ST-ZIP	BOYNTON BEACH FL 33437	4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	D	5.1 TITLE	D
NAME	FLIEGEL, JACK	5.2 NAME	LAZAR, IRWIN
STREET ADDRESS	5133 S BRISATA CIR	5.3 STREET ADDRESS	5157-E FLORIA WAY
CITY-ST-ZIP	BOYNTON BEACH FL 33437	5.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	D	6.1 TITLE	D
NAME	AARON, BERNIE	6.2 NAME	WORMSER, MALCOLM
STREET ADDRESS	5133 V BRISATA CIR	6.3 STREET ADDRESS	5133-R BRISATA CIR.
CITY-ST-ZIP	BOYNTON BEACH FL 33437	6.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33437

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:

SIGNATURE REQUIRED

2/17/99 (861) 3640966

Date

Daytime Phone #

CR2E037 (11/98)