

FROM : Mary Ann W. Salazar  
 09/27/1999 11:25 9044268359

PHONE NO. : 407 339 1840  
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09031999-90002-012-561.25-561.25

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

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

**DOCUMENT # N09947** ✓  
 1. Corporation Name  
 4300 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business  
 4300 CONDO ASSOC INC  
 4312 80 ATLANTIC AVE  
 NEW SMYRNA BEACH FL 32189

Mailing Address  
 4300 CONDO ASSOC INC.  
 4312 130 ATLANTIC AVE  
 NEW SMYRNA BEACH FL 32189

2. Principal Place of Business  
 27 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 28 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. Name and Address of Current Registered Agent  
 LOMONACO, LAWRENCE  
 4312 8 ATLANTIC AVE  
 NEW SMYRNA BCH FL 32189

5. Name and Address of New Registered Agent  
 Name  
 SS  
 MS  
 City  
 FL  
 Zip Code

11. OFFICERS AND DIRECTORS		12. ADDITIONAL CHARGES TO OFFICERS AND DIRECTORS IN 11	
1. NAME	2. TITLE	1.1 TITLE	1.2 NAME
LOMONACO, LARRY	President/Director		Mary Ann Salazar
4312 8 ATLANTIC AVE NEW SMYRNA BEACH FL			801 Arlington Blvd Altamonte Springs, FL 32701
3. NAME	4. TITLE	2.1 TITLE	2.2 NAME
BLAIS, ROBERT	Vice President/Director		Don Clifton
4312 8 ATLANTIC AVE NEW SMYRNA BCH FL			310 Navigator's Way Edgewater, FL 32141
5. NAME	6. TITLE	3.1 TITLE	3.2 NAME
CLIFTON, DON	Treasurer/Director		Thanos Patricostas
688 OYSTER QUAY NEW SMYRNA BEACH FL			698 Oyster Quay N.S.B., FL 32169
7. NAME	8. TITLE	4.1 TITLE	4.2 NAME
	Secretary/Director		Frank Zarh...
			884 Oyster Quay N.S.B., FL 32169
9. NAME	10. TITLE	5.1 TITLE	5.2 NAME
	Director		Kenneth Bureess
			36 Jackson Drive Milford, CT 06460

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in § 608.01(1) of the annual report or supplemental annual report is true and accurate and that my signature shall have the same effect as if it were signed by the officer or director of the corporation or the receiver or trustee authorized to prepare 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 officers.

SIGNATURE: MARY ANN W. SALAZAR 9-27-99

**FILED**  
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 TALLAHASSEE, FLORIDA

1. NUMBER OF THIS REPORT IS 99-00002-012-561.25-561.25

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