


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 714445 (4)					
1. Corporation Name SOUTH COUNTY CONDOMINIUM AND APARTMENT ASSOCIATI ON OF VENICE, INC.					

Principal Place of Business P.O. BOX 275 VENICE FL 34284-7275	Mailing Address P.O. BOX 275 VENICE FL 34284-7275
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2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	28 City & State
23 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 04/16/1968
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4. FEI Number 59-1643165	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 MOORE, ROBERT L. 227 NOKOMIS AVENUE VENICE FL 34285	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	V. L. BUD MILLER
STREET ADDRESS	333 ESPLANADE, N.
CITY-ST-ZIP	VENICE FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	HUGHES, DAVID G.
STREET ADDRESS	999 INLET CIRCLE RD.202B
CITY-ST-ZIP	VENICE, FL 00000
TITLE	VPD <input type="checkbox"/> DELETE
NAME	RIALL, CHARLES
STREET ADDRESS	1200 TARPON CENTER DR108
CITY-ST-ZIP	VENICE, FL 00000
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	LA RUE, DICK
STREET ADDRESS	627 ALHAMBRA RD 402E
CITY-ST-ZIP	VENICE, FL 00000
TITLE	PD <input type="checkbox"/> DELETE
NAME	MORROW, JAMES
STREET ADDRESS	627 ALHAMBRA RD104E
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	KORWEK, PHILIP
STREET ADDRESS	320 NORTH PARK BLVD
CITY-ST-ZIP	VENICE 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TREASURER
4.3 STREET ADDRESS	GLORIA LAMPETER
4.4 CITY-ST-ZIP	631 ALHAMBRA RD -APT.4012 VENICE, FL. 34285
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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, on an attachment with an address.

SIGNATURE: *[Signature]* 1-9-98 944-488-46

CR2E037 (10/97)