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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

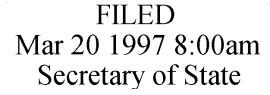
ARCHIPELAGO COMMUNITY ASSOCIATION, INC.

ONE BAKU STREET STUART FL 34996-6302

Principal Place of Business

Mailing Address

ONE BAKU STREET STUART FL 34996-6302





3a. Date of Last Report 04/05/1996

3. Date Incorporated or Qualified 06/26/1969

2. Principal Place of Business		2a. Mailing Address					4. FEI Number 59-2423084		pplied For	
21		Suite, Apt. #, etc.	26 Suite, Apt. #, etc.						lot Applicable Additional	
22		27	+				5. Certificate of Status Desired	Fee P	tequired	
	City & State						6. Election Campaign Financing		May Be	
23	Country Zip Co			Country			Trust Fund Contribution		to Fees	
24	4 25 29 30				Florida Statutes Yes Y No			s. 100.002,		
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered	J Agent		
			- (1	81	Name					
CRAWFORD, EARL R					82 Street Address (P.O. Box Number is Not Acceptable)					
2 MINDORO STREET					· · · · · · · · · · · · · · · · · · ·					
STUART FL33494				83	I					
!			Ţ	84	City		FI	85 Zip	^{Cod} 4996	
11. Pursuant	to the provisions of Sections 617.0502	and 617 1508 Florida Statut	es the ah	NOVE	a-named (orno				
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.										
=	m lamilikir with, and accept the obliga	tions of, Section 617.0503, Fit	orida Stati	JIOS	š.					
SIGNATURE	Signature, typied or printed name of registered ager	st and title it applicable (NOT	E: Realstered	Apel	ni signature r	eoulred	d when reinstating) DATE			
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFICERS AN	VD DIRECTO	RS IN 12	
TITLE	PD	(Z) DELETE	1.1 TiTl	LE		PD	·	L Change	☐ Addition	
NAME	KISSLING, CYRUS		1.2 NAI	1.2 NAME		J. (C.MªKINNEY 4 SIMARA ST.			
STREET ADDRESS				1.3 STREET ADDRESS		24	4 SIMARA ST.			
CITY - ST - ZIP				Y-\$1	T-ZIP	ST	VART, FL 34996			
TITLE	VD DELETE 21			LE		☐ Char		Change	Addition	
NAME	KINARD, JAMES E. 22			2 NAME						
STREET ADDRESS	5 TIMOR STREET 23			AEET .	ADDRESS					
CITY+ST-ZIP				TY-S	ST-ZIP					
THLE	SO DELETE 3.1			3.1 TITLE				Change	Addition	
NAME	DOING DELI DIGIDI GUI			3.2 NAME						
STREET ADDRESS	122 S. SEWALL'S POINT RD.		3.3 STF	REET.	ADDRESS					
CITY-S1-ZIP				3.4. CITY-ST-ZIP						
TITLE	10			4.1 TITLE				Change	Addition	
NAME	BABBITT, FRANK		4. 2 NA	ME	ļ					
STREET ADDRESS	1 BAKU STREET		4.3 STF	REET.	ADDRESS					
CITY-ST-2IP				~~~	T-ZIP					
TITLE	D	DELETE 5.1			l			Change	Addition	
NAME	AYCOCK, WADE		5.2 NA		- {					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP					T-ZIP			100		
TITLE		DELETE	61 T/T	-	(☐ Change	Addition	
NAME	ı		6.2 NAI							
STREET ADDRESS					ADDRESS					
CITY-SY-ZIP	ou cortify that the information symptics	Livith this filing door not evali	6.4 Cff			atod 5	in Section 119.07(3)(i), Florida Statutes. I furth	or cortilu the	t the	
informatio t am an o	in indicated on this annual report or si	Upplemental annual report is to the receiver or trustee empow	rue and a rered to ex	ccu	rate and	that m	in section 119.07(5)(i), Fronda Statutes. Furth my signature shall have the same legal effect as required by Chapter 617, Florida Statutes;	as if made ur	nd <i>er o</i> ath: thai	