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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **716799** **(2)**

1. Corporation Name
ARCHIPELAGO COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ONE BAKU STREET STUART FL 34996-6302	ONE BAKU STREET STUART FL 34996-6302

3. Date Incorporated or Qualified: 06/26/1969

4. FEI Number: 59-2423084 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 11 SIMARA ST	26 11 SIMARA ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: STUART FL	28 City & State: STUART FL
24 Zip: 34996 25 Country	29 Zip: 34996 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CRAWFORD, EARL R 2 MINDORO STREET STUART FL 34996	81 Name: KISSLING, CYRUS 82 Street Address (P.O. Box Number is Not Acceptable): 4 MINDORO ST 83 84 City: STUART FL 34996 FL 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 _____ 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCKINNEY, J.C.		1.2 NAME		
STREET ADDRESS	24 SIMARA ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KINARD, JAMES E.		2.2 NAME		
STREET ADDRESS	5 TIMOR STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHNABEL, BARBARA		3.2 NAME		
STREET ADDRESS	122 S. SEWALL'S POINT RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	BABBITT, FRANK		4.2 NAME	ROBERT H. SMITH	
STREET ADDRESS	1 BAKU STREET		4.3 STREET ADDRESS	11 SIMARA ST	
CITY-ST-ZIP	STUART FL 34996		4.4 CITY-ST-ZIP	STUART FL 34996	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	AYCOCK, WADE		5.2 NAME		
STREET ADDRESS	126 S. SEWALL'S POINT RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34996		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 (10/97)

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.

SIGNATURE: _____ MARCH 20 1998 561-221-1004
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR — Date — Daytime Phone #