FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90149 030 ****61.25

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DOCUMENT # **716799**

1. Corporation Name

ARCHIPELAGO COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11 SIMARA ST STUART FL 34996-6302 US	11 SIMARA ST STUART FL 34996-6302 US

2. Principal Place of Business
21 122 S Sewalls Pt Rd
Suite, Apt. #, etc. 22
City & State 23 STUART FL
Zip 24 34996 Country 25 USA

2a. Mailing Address
26 122 S. Sewalls Pt Rd
Suite, Apt. #, etc. 27
City & State 28 STUART FL
Zip 29 34996 Country 30 USA

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

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

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

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

9. Name and Address of Current Registered Agent

JUSSKUBGM CYRUS
4 MINDORO ST
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name: ROBERT V SCHNABEL
82 Street Address (P.O. Box Number is Not Acceptable): 122 S SEWALLS PT RD
83
84 City: STUART FL 85 Zip Code: 34996

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: Robert Schnabel ROBERT V SCHNABEL DATE: Jan 16, 1999
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	President/Director	☒ Change ☐ Addition
NAME	MCKINNEY, J.C.		1.2 NAME	ROBERT H. SMITH	
STREET ADDRESS	24 SIMARA ST		1.3 STREET ADDRESS	11 Simara St	
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	Stuart FL 34996	
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	Secretary/Director	☐ Change ☒ Addition
NAME	SCHNABEL, BARBARA		3.2 NAME	SUZANNE KISSLING	
STREET ADDRESS	122 S. SEWALL'S POINT RD.		3.3 STREET ADDRESS	7 Mindoro St.	
CITY-ST-ZIP	STUART FL 34996		3.4 CITY-ST-ZIP	Stuart FL 34996	
TITLE	TD	☒ DELETE	4.1 TITLE	Treasurer/Director	☐ Change ☒ Addition
NAME	SMITH, ROBERT H		4.2 NAME	ROBERT V SCHNABEL	
STREET ADDRESS	11 SIMARA ST		4.3 STREET ADDRESS	122 S. Sewalls Pt Rd	
CITY-ST-ZIP	STUART FL 34996		4.4 CITY-ST-ZIP	STUART FL 34996	
TITLE	D	☒ DELETE	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	AYCOCK, WADE		5.2 NAME	Cyrus Kissling	
STREET ADDRESS	126 S. SEWALL'S POINT RD.		5.3 STREET ADDRESS	4 Mindoro St	
CITY-ST-ZIP	STUART FL 34996		5.4 CITY-ST-ZIP	Stuart FL 34996	
TITLE	Director	☐ DELETE	6.1 TITLE	Director	☐ Change ☒ Addition
NAME	L. David Horner		6.2 NAME	WALTER SEA	
STREET ADDRESS	16 Simara St		6.3 STREET ADDRESS	6 Mindoro St	
CITY-ST-ZIP	STUART FL 34996		6.4 CITY-ST-ZIP	STUART FL 34996	

CR2E037 (11/98)

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: Robert V Schnabel ROBERT V SCHNABEL Treas. Jan 16, 1999 561-286-4197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #