


FILE NOW: FILING FEE IS \$61.25

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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726981** (4)
1. Corporation Name
THE CORINTHIAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
936 INTRACOASTAL DRIVE FT LAUDERDALE FL 33304 **936 INTRACOASTAL DRIVE FT LAUDERDALE FL 33304**



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

3. Date Incorporated or Qualified 07/20/1973	
4. FEI Number 59-1596364	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	
PAPPAS, JAMES 936 INTRACOASTAL DRIVE FT. LAUDERDALE FL 33304	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 *James Pappas* DATE *5/18/98*
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	CHADWICK, HELEN A
STREET ADDRESS	936 INTRACOSTAL DR.
CITY-ST-ZIP	FT LAUDERDALE FL 33304
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ASKEW, KATHRYN
STREET ADDRESS	936 INTRACOASTAL DR
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	PRINTZ, WARREN G
STREET ADDRESS	936 INTRACOASTAL DR
CITY-ST-ZIP	FT LAUDERDALE FL 33304
TITLE	PD <input type="checkbox"/> DELETE
NAME	HAMWEY, CHARLES
STREET ADDRESS	936 INTRACOASTAL DR
CITY-ST-ZIP	FT. LAUDERDALE FL 33304
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FREDERICKSON, KEITH
STREET ADDRESS	936 INTRACOASTAL DRIVE
CITY-ST-ZIP	FT. LAUDERDALE FL 33304
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	PAPPAS, JAMES
STREET ADDRESS	936 INTRACOASTAL DR
CITY-ST-ZIP	FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tom Gear
1.3 STREET ADDRESS	936 Intracoastal Dr #11A
1.4 CITY-ST-ZIP	FT Laud FL 33304
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Patricia Panepinto
2.3 STREET ADDRESS	936 Intracoastal Dr 7A
2.4 CITY-ST-ZIP	FT Laud FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Maryn Crusius Barych
3.3 STREET ADDRESS	936 Intracoastal Dr 12C
3.4 CITY-ST-ZIP	FT Laud FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Charles Hamway
4.3 STREET ADDRESS	936 Intracoastal Dr 11A
4.4 CITY-ST-ZIP	FT Laud FL 33304
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	John Mehrhoff
5.3 STREET ADDRESS	936 Intracoastal Dr 187
5.4 CITY-ST-ZIP	FT Laud FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	James HOGAN
6.3 STREET ADDRESS	936 Intracoastal Dr 1204
6.4 CITY-ST-ZIP	FT Laud FL 33304

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: *James Pappas* 511 3829

CFR2037 (1097)