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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra R. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727940 (9)
1. Corporation Name
NATURA CONDOMINIUM NO. 2 ASSOCIATION, INC.



Principal Place of Business Mailing Address
600 S.W. NATURA AVE. DEERFIELD BCH FL 33441
600 S.W. NATURA AVE. DEERFIELD BCH FL 33441-3255

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/05/1973		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1825538		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
LEO KASS
2004 A SW NATURA BLVD
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent
81 Name George Angerami
82 Street Address (P.O. Box Number is Not Acceptable)
3500 S.W. NATURA AVE
Deerfld Bch, Fl.
83 City
84 FL 85 Zip Code 33441

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: *[Signature]* George Angerami 31 197
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CYR, ROSE	
STREET ADDRESS	3500 SW NATURA BLVD	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHASSE, MARY	
STREET ADDRESS	3500 SW NATURA BLVD	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANGERAM, GEORGE	
STREET ADDRESS	3500 NATURA BLVD	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CARDILLO, DOLORES	
STREET ADDRESS	3500 NATURA BLVD	
CITY-ST-ZIP	DEERFEILD BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEPPAS, MARINO	
STREET ADDRESS	3500 NATURA BLVD	
CITY-ST-ZIP	DEERFEILD BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAVERIO SANTORELLO	
1.3 STREET ADDRESS	3500 S.W. NATURA BLVD	
1.4 CITY-ST-ZIP	DEERFLD Bch, Fl. 33441	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GEORGE ANGERAMI	
3.3 STREET ADDRESS	3500 S.W. NATURA BVD	
3.4 CITY-ST-ZIP	DEERFLD Bch, Fl. 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dolores Cardillo	
4.3 STREET ADDRESS	3500 S.W. NATURA BVD	
4.4 CITY-ST-ZIP	DEERFLD Bch, Fl.	
5.1 TITLE	Sec 1.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BARBARA De LIBERO	
5.3 STREET ADDRESS	2613 S.W. NATURA AVE	
5.4 CITY-ST-ZIP	DEERFLD Bch, Fl. 33441	
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* GEORGE ANGERAMI 31 197 421-8182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042808

CR2E037 (9/96)