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**Apr 23 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 # 727940 (9)
1. Corporation Name
NATURA CONDOMINIUM NO. 2 ASSOCIATION, INC.



Principal Place of Business 600 S.W. NATURA AVE. DEERFIELD BCH FL 33441	Mailing Address 600 S.W. NATURA AVE. DEERFIELD BCH FL 33441
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3. Date Incorporated or Qualified 11/05/1973	
4. FEI Number 59-1825538	Applied For <input checked="" 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	

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

9. Name and Address of Current Registered Agent

ANGERAMI, GEORGE
3500 S.W. NATURAL AVE
DEERFIELD BEACH FL 33441

Delete

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: *Leo Kass* **LEO KASS** DATE: **4/16/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	SANTOREELO, SAVERIO
STREET ADDRESS	3500 S.W. NATURAL BLVD.
CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	ANGERAMI, GEORGE
STREET ADDRESS	3500 NATURA BLVD
CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CARDILLO, DOLORES
STREET ADDRESS	3500 NATURA BLVD
CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	DELIBERO, BARBARA
STREET ADDRESS	2613 S.W. NATURA AVE.
CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROGER MARGUIS
1.3 STREET ADDRESS	3500 SW NATURA BLVD
1.4 CITY-ST-ZIP	DEERFIELD BCH
2.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HELEN REDMAN
2.3 STREET ADDRESS	3500 SW NATURA BLVD
2.4 CITY-ST-ZIP	DEERFIELD BCH
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	IRENE D. SCHIAVI
3.3 STREET ADDRESS	2629 S W NATURA AVE
3.4 CITY-ST-ZIP	DEERFIELD BCH
4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KAY DISCIPIO
4.3 STREET ADDRESS	3500 SW NATURA BLVD
4.4 CITY-ST-ZIP	DEERFIELD BCH
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROSE CYR
5.3 STREET ADDRESS	3500 SW NATURA BLVD
5.4 CITY-ST-ZIP	DEERFIELD BCH
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JANET RICHARD
6.3 STREET ADDRESS	3500 S.W. NATURA BLVD
6.4 CITY-ST-ZIP	DEERFIELD BCH

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: *Daniel Stigliano* **DANIEL STIGLIANO** DATE: **4/16/98** TELEPHONE: **954-421-9152**

Signature, typed or printed name of signing officer or director

CR2E037 (10/97)