FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

731566

(6)

DAISY CONDOMINIUM ASSOCIATION, INC.

<u> </u>						
Principal Place of Business		Mailing Address		D TREATH TROOM TITUS ALBUM MASTO MATTOR BITL MY MALL QUAST QUELL OF	IGN DIBLE BLOOK CORE	
1339 SOUTHWINDS DR APT 4 1339 SOUTHWINDS DR APT PO BOX B PO BOX B BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33462-				2. Data to consecreted or Outstiffed 1.2a. Data of Le	oot Dawert	
				3. Date Incorporated or Qualified 3a. Date of La 03/04	/1996	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For		
21		26		59-2825779	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Ъ	L 5. Certificate of Status Desired L L	75 Additional e Required	
City & State		City & State			.00 May Be	
23		28 3044700	BEACH FL		ded to Fees	
Zip	Country	Zip 33762-/v	Country	8. This corporation has liability for intangible tax und	der s. 199.032,	
24	25	28	30 034	Florida Statutes Yes No		
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registered Agent		
44417770	F 114001		oi Name			
JANTERE, HARRI 1339 SOUTHWINDS DR			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
APT. 4	אט פטאוואיחו טי		83			
4 100	A FL 33462					
-	7		84 City	FL 85	Zip Code	
11. Pursuant t	to the provisions of Sections 617.05	502 and 617.1508, Florida Sta	atutes, the above-named co	orporation submits this statement for the purpose of changi ation's board of directors. I hereby accept the appointmer	ng its registered	
office or re agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change wa igations of, Section 617.0503,	as authorized by the corpor , Florida Statutes.	ration's board of directors. I hereby accept the appointmen	nt as registered	
SIGNATURE	•				1	
	Signature, typed or printed name of registered a		NOTE: Registered Agent signature req			
12.	OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC		
TITLE NAME	JANTERE, HARRI		1.1 TITLE 1.2 NAME	Char	nge [_] Addition 	
STREET ADDRESS	1339 SOUTHWINDS DR APT	Τ 4	1.3 STREET ADDRESS		I	
CITY-ST-ZIP	LANTANA FL	•	1.4 CITY- ST-ZIP		\	
TITLE	1D	DELETE	2.1 TITLE	□ Cha	nge Addition	
NAME	SORMUNEN LINDA O		2.2 NAME			
STREET ADDRESS	1339 SOUTHWINDS DR APT	Τ1	2.3 STREET ADDRESS		Į.	
CITY-ST-ZIP	LANTANA FL		2 4 CITY-ST-ZIP			
TITLE	PD	DELETE	31 TITLE	Cha	nge 🔲 Addition	
NAME	OLLIKAINEN, TOIVO J.	T A	3.2 NAME		ļ	
STREET ADDRESS	1339 SOUTHWINDS DR APT	12	3.3 STREET ADDRESS			
CITY-ST-ZIP	LANTANA FL	DELETE	3.4. CITY-ST-ZIP	☐ Cha	nge Addition	
TITLE NAME		L. Veter	4.1 TITLE 4.2 NAME	LI CIN	Tige Addition	
STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		1	
CITY-ST-ZIP			4.3 STREET ADDRESS		1	
TITLE		DELETE	5.1 TITLE	☐ Cha	nge Addition	
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS		}	
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	80000207824®™ -02/05/9701032038	nge 🔲 Addition	
NAME			6.2 NAME		ļ	
STREET ADDRESS			6.3 STREET ADDRESS	***61.24		

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)(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 on Block 13 if changed, or on an attachment with an address.

FILED

Feb 05 1997 8:00am

Secretary of State