


FILE NOW: FILING FEE IS \$61.25

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Apr 30, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 733324 1. Corporation Name THE VILLAGE OF 800 PLACE CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 800 NORTH FORK RD. STUART FL 34994	Mailing Address 800 NORTH FORK RD. STUART FL 34994	



21	2. Principal Place of Business	2a	2a. Mailing Address	3	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/17/1975
22	22. City & State	27	27. City & State	4	4. FEI Number
	Zip	28	28. Zip		59-1658176
23	23. Country	29	29. Country		Applied For
		30	30. Country		Not Applicable
24	24. Country			5	5. Certificate of Status Desired
					<input type="checkbox"/> \$8.75 Additional Fee Required
				6	6. Election Campaign Financing Trust Fund Contribution
					<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORNETT, JANE L RIVER OAKS CENTER 401 E OSCEOLA ST STUART FL 34994				81	81 Name		
				82	82 Street Address (P.O. Box Number is Not Acceptable)		
				83	83		
				84	84 City	85	85 Zip Code
					FL		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, BARBARA		1.2 NAME	MELECH J. BERMAN	
STREET ADDRESS	800 NW FORK RD #B8-A8		1.3 STREET ADDRESS	3796 SE MIDDLE ST	
CITY-ST-ZIP	STUART FL 34994		1.4 CITY-ST-ZIP	STUART, FL 34997	
TITLE	TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEAR, FRANCES		2.2 NAME	NICOLE WISCHNEWSKI	
STREET ADDRESS	800 NW FORD RD B4-N5		2.3 STREET ADDRESS	800 NW FORK RD. B4-N9	
CITY-ST-ZIP	STUART, FL 00000 34994		2.4 CITY-ST-ZIP	STUART, FL. 34994	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, HENRY		3.2 NAME	KATHLEEN M. JOHNS	
STREET ADDRESS	800 NW FORK RD B3-112		3.3 STREET ADDRESS	800 NW FORK RD. B8-N1	
CITY-ST-ZIP	STUART FL 34994		3.4 CITY-ST-ZIP	STUART, FL. 34994	
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, NANCE		4.2 NAME	CAMILLE M. MACNER B 5- N 11	
STREET ADDRESS	800 NW FORK RD. B5/A5		4.3 STREET ADDRESS	800 NW FORK RD.	
CITY-ST-ZIP	STUART FL 34994		4.4 CITY-ST-ZIP	STUART, FL. 34994	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	LYNN E. KRAFFT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULYAS, MARION		5.2 NAME	800 NW. FORK RD. B6- N10	
STREET ADDRESS	800 BW FORK RD B2-A3		5.3 STREET ADDRESS	STUART, FL. 34994	
CITY-ST-ZIP	STUART FL 34994		5.4 CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, CHERIE		6.2 NAME	NORMAN STEIN	
STREET ADDRESS	800 NW FORK RD B3-A3		6.3 STREET ADDRESS	800 NW FORK RD. B7-N9	
CITY-ST-ZIP	STUART FL 34994		6.4 CITY-ST-ZIP	STUART, FL. 34994	

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: MELECH J. BERMAN 4-26-99 561-692-2230
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)