SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 735220 (6)					
4081 CON	IDOMINIUM ASSOCIATION	I, INC.			
Principal Place of Business Malling Address					T 1991ki 1980 u tsiel bika sibin slait babi bibil olosi bibil bibil bibil bibil
	DERAL HIGHWAY H FL 33064-6082	1821 NE 27 CT LIGHTHOUSE PT FL 33064 US	LIGHTHOUSE PT FL 33064		3. Date Incorporated or Qualified 03/11/1976 4. FEI Number Applied For
Principal Place of Business 2a. Mailing Address					59-1666384 Not Applicable
21	CO OI DUSTILOSS	26 4081 N.F	ed	Huy	5. Certificate of Status Desired \$8.75 Additional Fee Required
Sulte, Apt. #	etc.	Suite, Apt. #, etc. 27 # Z-40	•		6. Election Cempalgn Financing Trust Fund Contribution \$5.00 May Be Added to Fees
City & State	City & State 28 Dompnu &	CACI	h, FC	7. Is this nonprofit corporation a homeowners association? Yes No	
Zip 24	Country 25	29 33064 30	Соц	US H	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
ADMAS, W. H 1921 NE 27 CT LIGHTHOUSE PT FL 33064				83 84 City	Address (P.O. Box Number is Not Acceptable) Solver Box 11 (P.A.B. L.E., J.L. Address (P.O. Box Number is Not Acceptable) Solver Huny #240 Conpano Bch FL 85 Zip Code 3 3064
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, specific 017.0803, Florida Statutes.					
SIGNATURE	onebre, typed or printed name of regretated agen	and title if applicable. (NOTE:	A.L.	ed Agent elegaber	re required when reinstating) DATE
/12. OFFICERS AND DIRECTORS 13.				ao Mgailt Aignistur	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<u> </u>	D	DELETE	1.1 70	LE	Change Addition
NAME A	MATO, CARMINE	_	1.2 NA	ME .	- '
	701 NE 47TH ST		1.3 ST	REET ADDRESS	
	IGHTHOUSE PT FL			TY-ST-ZIP	`
	(X) DELEIE		2.1 TI		Director Destro Venturino Change Addition
	LUOTT, WILLIAM	`	2.2 NA		1248 SE 17th Ave
	565 COMMODORE CIR EURAY BCH FL			REET ADDRESS	Derefield Beach, FL 33441
CITY-ST-ZIP D	CUTAT DON FL	N DELETE	3.1 TIT	TY-ST-ZIP	
10	A s is, Thomas A	DELETE	3.2 NA		ALAN BLYESTEIN Change X Addition
	081 N. FEDERAL HWY			REET ADDRESS	4081 N Fed, Suite 260

PRES/TREAS/DIRECTOR DELETE Change Addition MIRABILE, DOMINIC # JA NAME 5.2 NAME SUITE 240/4081 N FEDERAL HWY STREET ADDRESS 5.3 STREET ADDRESS POMPANO BEACH FL 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition NAME 8.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4.3 STREET ADDRESS

Director

3.4 CITY-ST-ZIP

4.4 CITY-ST-ZiP

4.1 TITLE

4.2 NAME

5.1 TITLE

DELETE

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 eport 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: (

ADAMS, W. H

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

POMPANO BEACH FL

1921 NE 27TH COURT

LIGHTHOUSE POINT FL

POMPANO Brack, FL 330CY

Change

FILED

Sep 10 1998 8:00am3

Secretary of State