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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **737537** **(1)**

1. Corporation Name
SCOTTY CONDO, INC.

Principal Place of Business	Mailing Address
7503 NW 44TH COURT CORAL SPRINGS FL 33065-2049	~~PO BOX 771871~~ ~~CORAL SPRINGS FL 33077~~ ~~US~~

3. Date Incorporated or Qualified: 12/13/1976

4. FEI Number: 59-2418264 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26): 9365 W. SAMPLE ROAD
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27): #203
City & State (23)	City & State (28): CORAL SPRINGS, FL
Zip (24) / Country (25)	Zip (29): 33065 / Country (30): USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ■ Yes ☐ No

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
BERTINI, JOE 8412 SW 20TH ST NORTH LAUDERDAL FL 33068	81 Name: NATANAEL DESOUZA 82 Street Address (P.O. Box Number is Not Acceptable): 7503 NW 44 CT #11 83 84 City: CORAL SPRINGS **FL** 85 Zip Code: 33065

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 617.0505, Florida Statutes.

SIGNATURE _____ 3/30/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	■ DELETE	1.1 TITLE	PD	☐ Change ■ Addition
NAME	RAUIREZ, ELVIRA		1.2 NAME	DESOUZA, NATANAEL	
STREET ADDRESS	6240 SWE 8 CT		1.3 STREET ADDRESS	7503 NW 44 CT #11	
CITY-ST-ZIP	NORTH LAUDERDALE FL		1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	D	■ DELETE	2.1 TITLE	SD	☐ Change ■ Addition
NAME	RICHARDS, MICHAEL		2.2 NAME	RICHARDS VALERIE	
STREET ADDRESS	7503 NW 44 CT., 2		2.3 STREET ADDRESS	7503 NW 44 CT #2	
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	PD	■ DELETE	3.1 TITLE	TD	☐ Change ■ Addition
NAME	BERTINI, JOE		3.2 NAME	RAMIREZ, ELVIRA	
STREET ADDRESS	8412 S.W. 20TH ST.		3.3 STREET ADDRESS	6240 SW 8 CT	
CITY-ST-ZIP	NORTH LAUDERDALE FL		3.4 CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

BEEPER 954 877 3771

SIGNATURE: _____ 3/30/98 HOME - 954 345 3546