

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **754763** (1)  
1. Corporation Name  
**SEVENTEEN FORTY ONE CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business: **1741 4 AVE N. APT 4 LAKE WORTH FL 33460**  
Mailing Address: **1741 4 AVE N. APT 4 LAKE WORTH FL 33460**

3. Date Incorporated or Qualified: **10/22/1980**  
3a. Date of Last Report: **01/23/1995**  
4. FEI Number: **59-2445862**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**LUOMA, PAUL J.  
1741 4 AVE. N. APT 4  
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent  
81 Name: **Luoma, Paula H.**  
82 Street Address (P.O. Box Number is Not Acceptable): **1741 4 ave. N. apt. 4**  
83  
84 City: **Lake Worth** FL 85 Zip Code: **33460**

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: *Paula H. Luoma* 3/11-96  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent Signature required when re-registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUOMA, PAUL J.	
STREET ADDRESS	1741 4 AVE. N. APT 4	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LUOMA, PAULA H.	
STREET ADDRESS	1741 4 AVE. N. APT 4	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUOMA, WAYNE	
STREET ADDRESS	1741 4TH AVE., N. APT. 1	
CITY - ST - ZIP	LAKE WORTH 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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Luoma, Paula H.	
1.3 STREET ADDRESS	1741 4 ave. N #4 Lake Worth FL	
1.4 CITY - ST - ZIP		
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Luoma, Wayne	
2.3 STREET ADDRESS	1741 4 ave. N. #4.	
2.4 CITY - ST - ZIP	Lake Worth FL. 33460	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Luoma, Paul J. Jr.	
3.3 STREET ADDRESS	1741 4 ave. N. #4	
3.4 CITY - ST - ZIP	Lake Worth FL. 33460	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Paula H. Luoma* 3/11-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #  
**Paula H. Luoma** 607 588 0032

CR2E087 (12/95)