

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
1741 4 AVE N. APT 4 LAKE WORTH FL 33460
1741 4 AVE N. APT 4 LAKE WORTH FL 33460-2868

3. Date Incorporated or Qualified 10/22/1980
3a. Date of Last Report 03/18/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2445862 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 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 PD DELETED NAME LUOMA, PAUL J. STREET ADDRESS 1741 4 AVE. N. APT 4 CITY-ST-ZIP LAKE WORTH FL
TITLE D DELETED NAME LUOMA, PAULA H. STREET ADDRESS 1741 4 AVE. N. APT 4 CITY-ST-ZIP LAKE WORTH FL
TITLE STD DELETED NAME LUOMA, WAYNE STREET ADDRESS 1741 4TH AVE., N. APT. 1 CITY-ST-ZIP LAKE WORTH FL
TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP
TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP
TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP
TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP
1.1 TITLE 1.2 NAME Luoma Paul J. 1.3 STREET ADDRESS 1741 4th Ave. North Apt. 4 1.4 CITY-ST-ZIP Lake Worth, FL 33460-2868
2.1 TITLE PD 2.2 NAME Paula H. Luoma 2.3 STREET ADDRESS 1741 4th Ave. North Apt. 4 2.4 CITY-ST-ZIP Lake Worth, FL 33460-2868
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paula H. Luoma PD Jan 27-97 561-588-9932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039293

CR2E037 (9/96)