

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763177 (3)
1. Corporation Name
SCHLARAFFIA COSTA AUREA, INC.



Principal Place of Business 6769 ARBOR DRIVE MIRAMAR FL 33023 US	Mailing Address ERNEST A. SEEMANN, ESO. 4729 DEL PRADO BLVD. CAPE CORAL FL 33904
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3. Date Incorporated or Qualified
05/07/1982

4. FEI Number
59-2235912

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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEEMANN, ERNEST A.
4729 DEL PRADO BLVD.
CAPE CORAL FL 33904**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	1105 Cape Coral Pkwy. East, Suite C
83	
84 City	Cape Coral
85 Zip Code	FL 33904

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	
TITLE	VD
NAME	ZEIDLER, BRUNO
STREET ADDRESS	1323 SW 3RD ST.
CITY-ST-ZIP	BOCA RATON FL
TITLE	TD
NAME	BROSE, WILHELM F
STREET ADDRESS	3980 SW 30TH COURT
CITY-ST-ZIP	MIAMI FL
TITLE	VP
NAME	SCHWABE, MICHAEL
STREET ADDRESS	3922 SW 136 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	HACHENBURG, H.W.
STREET ADDRESS	6769 ARBOR DR.
CITY-ST-ZIP	MIRAMAR FL
TITLE	AS
NAME	SEEMANN, ERNEST A
STREET ADDRESS	4729 DEL PRADO BLVD.
CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	PD
NAME	GRUN, EMIL
STREET ADDRESS	2899 COLLINS AVE. #529
CITY-ST-ZIP	MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1105 Cape Coral Pkwy. E. Suite C
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 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:

[Signature]

4/8/98 941-540-7007

CP2E037 (10/97)