FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

DOCUMENT # K17583 (1)

1. Corporate Name

CONDOMINIUM SERVICE CORP. OF ORMOND BEACH

Principal Place of Business

6 MARJORIE TRAIL
ORMOND BCH FL 32174

Mailing Address

6 MARJORIE TRAIL
ORMOND BCH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or qualified): 03/09/1988

3a. Date of Last Report: 04/08/1994

2. Principal Place of Business
21
22 State, Zip Code
23 City & State
24 City 25 County

2a. Mailing Address
26
27 State, Zip Code
28 City & State
29 City 30 County

4. FEI Number: 59-2877513
Applied For
Not Applicable

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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

SULLIVAN, ARTEMUS
6 MARJORIE TRAIL
ORMOND BCH FL 32174

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 Section 607.0501, and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (FL)	
TITLE	PD	TITLE	[ ] Change [ ] Addition
NAME	SULLIVAN, ARTEMUS	NAME	
STREET ADDRESS	6 MARJORIE TRAIL	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	CITY-ST-ZIP	
TITLE	VD	TITLE	[ ] Change [ ] Addition
NAME	SULLIVAN, LUCY J.	NAME	
STREET ADDRESS	6 MARJORIE TRAIL	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	CITY-ST-ZIP	
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	STAMATIS, MICHAEL	NAME	
STREET ADDRESS	32 SOCO TRAIL	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. To the best of my knowledge, all the information supplied with the filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an address, with an asterisk, or attached with an address.

SIGNATURE: [signature] PRESIDENT 5-5-95 904 252 6070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTEMUS SULLIVAN

Date Phone #

0010726 CP