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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # M67762

1. Corporation Name

(8)

PREFERRED CONDOMINIUM MANAGEMENT CORPORATION

Dringing Library	ce of Business	Mailing A	Addrage						
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5730 HICKOR	Y BLVD. #636-C	25730 HIC	KORY BLVD. #636						
BONITA SPRINGS FL 33923 BONITA SPRINGS				7 611		3. Date Incorporated or Qualified 02/05/1988		ite of Last I 9/1996	Report
2. Principal F	Piace of Business	2a. Mailir	ng Address			4, FEI Number			pplied For
1		26				65-0030958			ot Applicabl
Suite, Apt	! #, etc.	Suite	, Apt. #, etc.			5. Certificate of Status Desired			Additional sequired
City & Stat	ile	City &	State			6. Election Campaign Financing		\$5.00	May Be
3		28				Trust Fund Contribution		Added	to Fees
- Zip 3	Country	Zip	<u> </u>	Country	/	8. This corporation has fiability for i	ntangible] Yes = [s. 199.032,
\$]	25] 9. Name and Address of Cu	29		30		Florida Statutes 10. Name and Address of New Re			
OI/D		III MILL HOUSE INC.	Agoin	81	Name	IU. Name and Address of them he	Bierei en '	Main	
	RIVAN, ARTHUR				L				
	30 HICKORY BLVD.		8		Street Add	eet Address (P.O. Box Number is Not Acceptable)			
#63	NITA SPRINGS FL 33923			83	 				
DUN	THE OF FRIENDS FL 90360				<u> </u>		·-··		
		•		84	City		FL	85 Zip	Code
I1. Pursuant	to the provisions of Sections 607	0502 and 607.150	8. Florida Statute:	s. the abov	e-named corr	poration submits this statement for the p		changing	its registere
office or amout La	registered agent, or both, in the S	State of Florida Sur Ibligations of Sect	ch change was au ion 607 0505. Flor	ithorized b	y the corpora	poration submits this stalement for the pation's board of directors. I hereby accept	of the app	ointment a	s registered
	the factorial than and according to c	ingations of occi	1011 001 .0000, 1101	ou black	.				
IGNATURE									
	Signature, typical or printed having of registero	d agent and tile if applic	able (NOTE	Registered Ag	ent signature requ	red when reinstating)	DATE		
2.	· · · · · · · · · · · · · · · · · · ·	diagent and tile if applic AND DIRECTORS		Registered Ag	ent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
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SIGNATURE:

GNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-97 Date 941-992-7766

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Secretary of State

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