


FILE NOW: FILING FEE IS \$61.25

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Apr 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N03024 (9)</b> 1. Corporation Name <b>MONA ROAD OFFICE AND WAREHOUSE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>19900 MONA RD. TEQUESTA FL 33469</b>		Mailing Address <b>P.O. BOX 3896 TEQUESTA FL 33469-0896 US</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 <b>PO Box 4191</b> 27 Suite, Apt. #, etc. 28 City & State 29 Zip Country 30	
9. Name and Address of Current Registered Agent <b>BLOOM, RAPHAEL 19900 MONA RD. STE. #102 TEQUESTA FL 33469</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRADDOCK, JOSEPH</b>	1.2 NAME	
STREET ADDRESS	<b>6179 FOSTER ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL 33418</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>3450 HARBOR RD. N.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUMOND, SANDRA</b>	3.2 NAME	
STREET ADDRESS	<b>19791 JASMINE DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOOM, RAPHAEL</b>	4.2 NAME	
STREET ADDRESS	<b>P.O. BOX 3183</b>	4.3 STREET ADDRESS	<b>19900 MONA Road N/A</b>
CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>	4.4 CITY-ST-ZIP	<b>TEQUESTA FL 33469</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E037 (9/96)