

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03599 (0)
1. Corporation Name
MIRIMAR ARMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 615 CAPE CORAL PKWY STE. 102 CAPE CORAL FL 33914 US		Mailing Address 615 COPE CORAL PKWY STE. 102 CAPE CORAL FL 33914 US		3. Date Incorporated or Qualified 06/12/1984
		4. FEI Number 59-2508648		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23 Zip	28 Zip	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent ZUNINO, AUGUST 615 CAPE CORAL PKWY STE. 102 CAPE CORAL FL 33914				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	STEVENS, DAN <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4903 VINCENNES ST., #116	CAPE CORAL FL	1.2 NAME	
CITY-ST-ZIP		1.3 STREET ADDRESS	
TITLE SD	RIDGEWAY, VIVIAN <input checked="" type="checkbox"/> DELETE	2.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4912 VINCENNES CT., #204	CAPE CORAL FL	2.2 NAME NANCY GIVIGNO	
CITY-ST-ZIP		2.3 STREET ADDRESS 4903 VINCENNES ST. #212	
TITLE VD	HELD, DR. O <input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP CAPE CORAL, FL 33904	
STREET ADDRESS 4912 VINCENNES CT., #103	CAPE CORAL FL	3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		3.2 NAME NICHOLAS ANDRIOTTY	
TITLE TD	WEBLER, HAROLD <input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS 1319 SE 28TH TERRACE	
STREET ADDRESS 4904 VINCENNES CT., #107	CAPE CORAL FL	3.4 CITY-ST-ZIP CAPE CORAL, FL 33904	
CITY-ST-ZIP		4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	DAVIS, RONALD L <input type="checkbox"/> DELETE	4.2 NAME DR. OTTO HELD	
STREET ADDRESS 21460 CORKSCREW WOODLANDS BLVD.	ESTERO FL	4.3 STREET ADDRESS 4912 VINCENNES COURT #103	
CITY-ST-ZIP		4.4 CITY-ST-ZIP CAPE CORAL, FL 33904	
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 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: _____ DATE: **4/23/98** (941) 542-5169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0068836

CR2E037 (10/97)