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Apr 02, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05806

1. Corporation Name
406 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 406 N. INDIANA AVE. STE. 1 ENGLEWOOD FL 34223	Mailing Address 406 N. INDIANA AVE. STE. 1 ENGLEWOOD FL 34223
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/23/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number APPLIED FOR
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent DICKERSON, ROBERT A ESQ. 406 N. INDIANA AVE. ENGLEWOOD FL 34223	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
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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	PT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAUNT, J. CAMPBELL		1.2 NAME		
STREET ADDRESS	406 N. INDIANA AVE., STE.1		1.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		1.4 CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KNAPP, JAMES		2.2 NAME		
STREET ADDRESS	406 N. INDIANA AVE., STE.1		2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		2.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAUNT, PATRICIA A		3.2 NAME		
STREET ADDRESS	406 N. INDIANA AVE., STE.1		3.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD FL 34223		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/30/99 941-474-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0068851
CR2E037-(11/98)