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NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

% ARMANDO WEISS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06773

(8)

Mailing Address

% ARMANDO WEISS

W & R CONDOMINIUM ASSOCIATION, INC.

FILED Apr 08 1997 8:00am Secretary of State

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C8C3-288-208 17-30-10

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Secretary Secr	City & State		<u></u>				,					
Solvent and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Socions 617 0502 and 617 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of charging its registered agent, or both, in the State of Florids, Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Socions 617 0502, Florids Statutes, the above-named corporation submits this statement for the purpose of charging its registered agent, and the population of Socions 617 0502, Florids Statutes, the above-named corporation submits this statement for the purpose of charging its registered agent, and the population of Socions 617 0502, Florids Statutes, the above-named corporation submits this statement for the purpose of charging its registered agent, and the provisions of Socions 617 0502, Florids Statutes, the above-named corporation submits this statement for the purpose of charging its registered agent, and the population of Socions of Statement agent ag	23							=-				
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1. 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 opent of applicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name	CITY-ST-ZIP											
I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name	14. I do hereb	by certify that the information supplied	with this filing does not quali	fy for the e	exen	nption stated	in Section 119.07(3)(i), Florida Statutes	. I further	certify	that the		
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