

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90082 005 ****61.25

DOCUMENT # NO7388

1. Corporation Name

CONAVENTURE CIVIC ASSOCIATION, INC

Principal Place of Business

Mailing Address

215 LAKEVIEW DR
#206
FT. LAUDERDALE, FL 33326

15970 W. STATE RD 84
BOX 147
SUNRISE, FL
33326

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

22 City & State

27 City & State

NOT APPLICABLE

Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24

25

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHELPS, LAWRENCE
369 LAKEVIEW DR #104
FT. LAUDERDALE, FL 33326
(DECEASED)

81 Name MORRISON, WILLARD
82 Street Address (P.O. Box Number is Not Acceptable)
215 LAKEVIEW DR #206
83
84 City FT. LAUDERDALE FL 85 Zip Code 33326

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 WILLARD W. MORRISON, PRES. Steena H. Morrison 4/11/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MORRISON, WILLARD
STREET ADDRESS 215 LAKEVIEW DR
CITY-ST-ZIP FT. LAUDERDALE, FL

1.1 TITLE D
1.2 NAME METZGER, MARIA
1.3 STREET ADDRESS 679 RACQUET CLUB RD #1
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE VP DR
NAME PHELPS, LAWRENCE
STREET ADDRESS 369 LAKEVIEW DR
CITY-ST-ZIP FT. LAUDERDALE, FL

2.1 TITLE VP DR
2.2 NAME RUBENS, EDWIN
2.3 STREET ADDRESS 16259 LAUREL DR
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE D
NAME GROBER, DORIS
STREET ADDRESS 651 RACQUET CLUB RD
CITY-ST-ZIP FT. LAUDERDALE, FL

3.1 TITLE D
3.2 NAME BERMAN, DEANNA
3.3 STREET ADDRESS 369 LAKEVIEW DR #103
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE SD
NAME CITRON, MARILYN
STREET ADDRESS 16131 LAUREL DR
CITY-ST-ZIP FT. LAUDERDALE, FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME GREENBERG, ERWIN
STREET ADDRESS 16063 FAIRWAY CIR.
CITY-ST-ZIP FT. LAUDERDALE, FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME METZGER, ROBERT
STREET ADDRESS 679 RACQUET CLUB RD
CITY-ST-ZIP FT. LAUDERDALE, FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: Steena H. Morrison
WILLARD W. MORRISON

4/11/99 954-384-6823
Date Daytime Phone #

CR2E037 (11/98)