

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N09947** (5)

1. Corporation Name
4300 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4300 CONDO ASSOC INC. 4312 SO ATLANTIC AVE NEW SMYRNA BEACH FL 32169	Mailing Address 4300 CONDO ASSOC INC. 4312 SO ATLANTIC AVE NEW SMYRNA BEACH FL 32169
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3. Date Incorporated or Qualified 06/25/1985	3a. Date of Last Report 08/14/1995
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	25. Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip	26. Country
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4. FEI Number 59-2935404	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LOMONACO, LAWRENCE
4312 S ATLANTIC AVE
NEW SMYRNA BCH FL 32169**

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	

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 registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOMONACO, LARRY	
STREET ADDRESS	4312 S ATLANTIC AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLAIS, ROBERT	
STREET ADDRESS	4312 S ATLANTIC AVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GUTIERREZ, DEBRA	
STREET ADDRESS	4312 S ATLANTIC AVE	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY-ST-ZIP		
21. TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
41. TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	Don Clifton	
43. STREET ADDRESS	888 Oyster Quay	
44. CITY-ST-ZIP	New Smyrna Beach, FL 32169	
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **LARRY LOMONACO** *Larry Lomonaco* Date: **3/15/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone: #

CR2E037 (12/95)