


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mdrtham  
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 32169-4002

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 06/25/1985  
3a. Date of Last Report: 03/22/1996  
4. FEI Number: 59-2935404 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LOMONACO, LARRY	1.2 NAME	Ken Burgess
STREET ADDRESS	4312 S ATLANTIC AVE	1.3 STREET ADDRESS	36 Jackson Dr
CITY-ST-ZIP	NEW SMYRNA BEACH FL	1.4 CITY-ST-ZIP	Milford, CT 06460
TITLE	SD	2.1 TITLE	Frank Zahn
NAME	BLAIS, ROBERT	2.2 NAME	Ko Steckweg 11e
STREET ADDRESS	4312 S ATLANTIC AVE	2.3 STREET ADDRESS	12109 Berlin Germany 011-49-30-026-49-98
CITY-ST-ZIP	NEW SMYRNA BCH FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	CLIFTON, DON	3.2 NAME	
STREET ADDRESS	888 OYSTER QUAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 any attachment with an address.

Robert Blais  
6/4 97

CR2E037 (9/96)