

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09947 (5)**

1. Corporation Name  
**4300 CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>4300 CONDO ASSOC INC.                  4312 SO ATLANTIC AVE                  NEW SMYRNA BEACH FL 32169</b>	Mailing Address <b>4300 CONDO ASSOC INC.                  4312 SO ATLANTIC AVE                  NEW SMYRNA BEACH FL 32169</b>
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3. Date Incorporated or Qualified  
**06/25/1985**

4. FEI Number  
**59-2935404**

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 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	<b>FL</b> 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 \_\_\_\_\_ 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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOMONACO, LARRY</b>	1.2 NAME	
STREET ADDRESS	<b>4312 S ATLANTIC AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLAIS, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>4312 S ATLANTIC AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BCH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLIFTON, DON</b>	3.2 NAME	
STREET ADDRESS	<b>888 OYSTER QUAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURGESS, KEN</b>	4.2 NAME	
STREET ADDRESS	<b>36 JACKSON DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILFORD CT</b>	4.4 CITY-ST-ZIP	
TITLE	<b>O</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAHN, FRANK</b>	5.2 NAME	
STREET ADDRESS	<b>KO SLECKWEG 16</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>12109 BERLIN GE</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Larry Lomono Lawrence J. Lomono 4/25/98

CR2E037 (1097)