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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N23712 (5)

1. Corporation Name

ARENA DE MADEIRA CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

% PAREKH, DENNARD & CO.
2700 EAST BAY DR #107
LARGO FL 34841 33771

% PAREKH, DENNARD & CO.
2700 EAST BAY DR #107
LARGO FL 33771-2459

3. Date Incorporated or Qualified
12/03/1987

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 c/o PAREKH, COMMONS + Co
Suite, Apt. #, etc.

26 c/o PAREKH, COMMONS + Co
Suite, Apt. #, etc.

4. FEI Number
59-2110732

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 33771

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMMONS, RICHAR C
2700 EAST BAY DR
SUITE 107
LARGO FL 34841

33771 (NEW ZIP)

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

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	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOWELL, SYLVIA	
STREET ADDRESS	4212 GOLF CLUB LANE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WENDLING, ALLEN	
STREET ADDRESS	14203 BANBURY WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SABA, HUSSAIN	
STREET ADDRESS	605 WARREN ROAD	
CITY-ST-ZIP	LUTZ FL 33555	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MULEY, LILY	
STREET ADDRESS	4009 MYRTLE AVE.	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PONDA, ASHOK	
STREET ADDRESS	14110 GULF BLVD #501	
CITY-ST-ZIP	MADEIRA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	R/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SELBY, A.	
1.3 STREET ADDRESS	202 INGLEWOOD DR.	
1.4 CITY-ST-ZIP	FREDERICTON, N.B., CANADA E3B 2K6	
2.1 TITLE	VP/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BATE, PAT	
2.3 STREET ADDRESS	231 BALLANTRAE LANE	
2.4 CITY-ST-ZIP	HOUSTON, TX 77015	
3.1 TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BATE, ROGER	
3.3 STREET ADDRESS	231 BALLANTRAE LANE	
3.4 CITY-ST-ZIP	HOUSTON, TX 77015	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WALKER, WAYNE	
4.3 STREET ADDRESS	4382 LITHIA SPRINGS RD.	
4.4 CITY-ST-ZIP	LITHIA, FL 33547	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CARTER, STEPHEN	
5.3 STREET ADDRESS	202 INGLEWOOD DR.	
5.4 CITY-ST-ZIP	FREDERICTON, N.B., CANADA E3B 2K6	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne Walker 1/13/96

Date

Daytime Phone # 0051615

CR2E037 (9/96)