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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: C/O PAREKH. COMMONS & CO. 2700 EAST BAY DR #107 LARGO FL 33771 US

Mailing Address: C/O PAREKH. COMMONS CO. 2700 EAST BAY DR #107 LARGO FL 34641 US

3. Date Incorporated or Qualified: 12/03/1987

4. FEI Number: 59-2110732

Applied For: Not Applicable

| | | | |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 2a | Mailing Address |
| 22 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 23 | City & State | 27 | City & State |
| 24 | Zip | 28 | Zip |
| 25 | Country | 29 | Country |
| 30 | | 30 | 33771 |

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

COMMONS, RICHARD C
2700 EAST BAY DR
SUITE 107
LARGO FL 33771

10. Name and Address of New Registered Agent

81 Name: COMMONS, RICHARD C

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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SELBY, A | 1.2 NAME | |
| STREET ADDRESS | 202 INGLEWOOD DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FREDERICKTON N. | 1.4 CITY-ST-ZIP | FREDERICKTON, N.B., CAN, E3B 2K6 |
| TITLE | VPD | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BATE, PAT | 2.2 NAME | |
| STREET ADDRESS | 231 BALLANTRAE LN | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOUSTON TX | 2.4 CITY-ST-ZIP | 77015 |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BATE, ROGER | 3.2 NAME | |
| STREET ADDRESS | 231 BALLANTRAE LN | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOUSTON TX | 3.4 CITY-ST-ZIP | 77015 |
| TITLE | TD | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WALKER, WAYNE | 4.2 NAME | |
| STREET ADDRESS | 4332 LITHIA SPRINGS RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LITHIA FL | 4.4 CITY-ST-ZIP | 33547 |
| TITLE | D | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARTER, STEPHEN | 5.2 NAME | |
| STREET ADDRESS | 202 INGLEWOOD DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FREDERICKTON N. | 5.4 CITY-ST-ZIP | FREDERICKTON, N.B., CAN, E3B 2K6 |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE: _____

CR2E037 (10/97)