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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLOIDA DEPARTMENT OF STATE
Sandra B. Morinam
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **N31528** (5)

1. Corporation Name
ESPERANTE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**222 LAKEVIEW AVE
WEST PALM BEACH FL 33401**

Mailing Address
**% CLARK MANAGEMENT CO
PO BOX 3090
BOYNTON BCH FL 33424
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/05/1989

3a. Date of Last Report
03/07/1994

4. FEI Number
65-0236107

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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. Suite, Apt. #, etc.

23. City & State

24. City & State

25. Zip

26. Country

27. Zip

28. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**HOKANSON, JOHN B
222 LAKEVIEW AVE
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	UPTON, TERRANCE
STREET ADDRESS	120 N COUNTRY RD
CITY - ST - ZIP	PALM BEACH FL
TITLE	TD
NAME	ZINK, GREGORY
STREET ADDRESS	54 RIVER DR
CITY - ST - ZIP	OCEAN RIDGE FL
TITLE	ASD
NAME	MARKS, DAVID
STREET ADDRESS	222 LAKEVIEW AVE
CITY - ST - ZIP	W PALM BEACH FL
TITLE	SD
NAME	TREMAIN, ALAN
STREET ADDRESS	222 LAKEVIEW AVE
CITY - ST - ZIP	W PALM BEACH FL
TITLE	VD
NAME	MORRISON, PEDRO
STREET ADDRESS	222 LAKEVIEW AVE
CITY - ST - ZIP	W PALM BEACH FL
TITLE	PD
NAME	HOKANSON, JOHN B
STREET ADDRESS	222 LAKEVIEW AVE
CITY - ST - ZIP	W PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	UPTON, JUDITH	
1.3 STREET ADDRESS	222 LAKEVIEW AVE.	
1.4 CITY - ST - ZIP	W PALM BEACH FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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; that 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 the annual report with an address.

SIGNATURE: **Gregory Zink** **2/23/95** **407-364-0466**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number