


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/05/1989	4. FEI Number 65-0236107
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	Applied For Not Applicable
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip 24	Country 25	Zip 29	Country 30

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 Tremain, Alan 82 Street Address (P.O. Box Number is Not Acceptable) 83 222 Lakeview Ave 84 City West Palm Beach, FL 85 Zip Code 33401	
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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]* **Alan Tremain, PRESIDENT** 3/23/98
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 NAME STREET ADDRESS CITY-ST-ZIP	TD ZINK, GREGORY 54 RIVER DR OCEAN RIDGE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD MARKS, DAVID 222 LAKEVIEW AVE W PALM BEACH FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/D MARKS, DAVID 222 LAKEVIEW AVE W. PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TREMAIN, ALAN 222 LAKEVIEW AVE W PALM BEACH FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	P/S/D TREMAIN, ALAN 222 LAKEVIEW AVE W PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRISON, PEDRO 222 LAKEVIEW AVE W PALM BEACH FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOKANSON, JOHN B 222 LAKEVIEW AVE W PALM BEACH FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	AS/D Albert M. Littleton 222 Lakeview Ave. W Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* **Gregory L. Zink** 3/23/98 (54) 364-0466

CF2E037 (10/97)