

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90124 020 ****61.25

0042911

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N31528

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

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 **40 CLARK MANAGEMENT**
 Suite, Apt. #, etc.

04/05/1989

22 City & State

27 **P.O. Box 3060**
 City & State

4. FEI Number
65-0236107

Applied For
 Not Applicable

23 Zip Country

28 **PALM BEACH FL**
 Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

24 Zip Country

29 **33480** 30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TREMAIN, ALAN
222 LAKEVIEW AVE
WEST PALM BEACH FL 33401

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	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZINK, GREGORY	1.2 NAME	SZLEZAK, STEPHEN
STREET ADDRESS	54 RIVER DR	1.3 STREET ADDRESS	1061 ASPEN WAY
CITY-ST-ZIP	OCEAN RIDGE FL	1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKS, DAVID	2.2 NAME	
STREET ADDRESS	222 LAKEVIEW AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH, FL 33401	2.4 CITY-ST-ZIP	
TITLE	PSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREMAIN, ALAN	3.2 NAME	
STREET ADDRESS	222 LAKEVIEW AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33401	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, PEDRO	4.2 NAME	
STREET ADDRESS	222 LAKEVIEW AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	4.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLETON, ALBERT M	5.2 NAME	
STREET ADDRESS	222 LAKEVIEW AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33401	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED **STEPHEN SZLEZAK** **2/17/99** **561-835-9797**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)