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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36024 (0)

1. Corporation Name
STAHL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O ALAN R. STAHL 515 PAUL MORRIS DRIVE ENGLEWOOD FL 34223	Mailing Address C/O ALAN R. STAHL 515 PAUL MORRIS DRIVE ENGLEWOOD FL 34223-3981
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3. Date Incorporated or Qualified 01/05/1990	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

4. FEI Number 65-0259948	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STAHL, R. ALAN
515 PAUL MORRIS DRIVE
ENGLEWOOD FL 34223**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	STAHL, R. ALAN
STREET ADDRESS	6520 MANASOTA KEY ROAD
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	STAHL, JUDY KAY
STREET ADDRESS	6520 MANASOTA KEY ROAD
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	STAHL, JUDY KAY
STREET ADDRESS	6520 MANASOTA KEY ROAD
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STAHL, R. ALAN
STREET ADDRESS	6520 MANASOTA KEY ROAD
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STAHL, JUDY KAY
STREET ADDRESS	6520 MANASOTA KEY ROAD
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HADNAGY, JAMES R.
STREET ADDRESS	4300 TIMBERLINE BLVD.
CITY-ST-ZIP	VENICE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PP STAHL, R. ALAN
1.3 STREET ADDRESS	1636 NEW POINT COMFORT RD.
1.4 CITY-ST-ZIP	ENGLEWOOD, FL 34223
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP STD STAHL, JUDY KAY
2.3 STREET ADDRESS	1636 NEW POINT COMFORT RD
2.4 CITY-ST-ZIP	Englewood, FL 34223
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 checked="" type="checkbox"/> Addition
6.2 NAME	LOIS SCOTT
6.3 STREET ADDRESS	7529 CASTLEBERRY TERRACE
6.4 CITY-ST-ZIP	Englewood FL 34224

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: Judy Kay Stahl **JUDY KAY STAHL** 4-17-97 941-474-6289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062443

CR2E037 (9/96)