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Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *N 36160*
1. Corporation Name
ARK PLAZA ASSOCIATION, INC.

Principal Place of Business Mailing Address
**5% RICHARD BRADWAY
400 BARCELONA AVE
VENICE FL 34285**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 1-16-1990	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2313238	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOGEN JAMES A 400 BARCELONA AVE VENICE FL 34285	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 No changes 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 *James A Bogen* DATE **4-25-97**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Pres	JAMES A BOGEN <input type="checkbox"/> DELETE	1.1 TITLE D	JAMES BOGEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 BARCELONA AVE <input checked="" type="checkbox"/> DELETE	1.2 NAME	360 SANTA MARIA #129
STREET ADDRESS	VENICE FL 34285 <input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	VENICE FL 34285
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VP	ROBERT DEBOER <input type="checkbox"/> DELETE	2.1 TITLE D	ROBERT DEBOER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 BARCELONA AVE <input checked="" type="checkbox"/> DELETE	2.2 NAME	613 FOUR DAYS DR
STREET ADDRESS	VENICE FL 34285 <input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS	LOCOMIS FL 34275
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE STD	RICHARD M BRADWAY <input type="checkbox"/> DELETE	3.1 TITLE D	RICHARD M BRADWAY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400 BARCELONA AVE <input checked="" type="checkbox"/> DELETE	3.2 NAME	723 EAGLE POINT DR. <input checked="" type="checkbox"/> DELETE
STREET ADDRESS	VENICE FL 34285 <input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS	VENICE FL 34292
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *James A Bogen* DATE **4-25-97** DAYTIME PHONE # **941-488-4474**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)