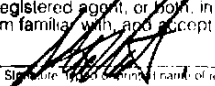
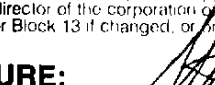


• FILE NOW: FILING FEE IS \$61.25

FILED

Jun 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortherm Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N414 00 1. Corporation Name Post Office Arcade Condominium Association, Inc.					
Principal Place of Business 3477A Palm City School Rd. Palm City, FL 34990		Mailing Address P.O. Box 194 Palm City, FL 34991		3. Date Incorporated or Qualified December 24, 1990	
2. Principal Place of Business 21 3228 Martin Downs Blvd. Suite, Apt. #, etc 22 Suite #5 City & State 23 Palm City, FL Zip 24 34990		2a. Mailing Address 26 3228 Martin Downs Blvd. Suite, Apt. #, etc 27 Suite #5 City & State 28 Palm City, FL Zip 29 34990		4. FEI Number 65-0221350 Applied For Not Applicable	
25 USA		30 USA		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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent Werner Bols 3477A Palm City School Road Palm City, FL 34990				10. Name and Address of New Registered Agent 81 Name Steven G. Vitale 82 Street Address (P.O. Box Number is Not Acceptable) 3228 Martin Downs Blvd. 83 Suite #5 84 City Palm City FL 85 Zip Code 34990	
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 617.0603, Florida Statutes. SIGNATURE  Steven Vitale 5/18/98 Signature (Typed or Printed Name of Registered Agent and Title, if applicable) (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P/D ☒ DELETE NAME Werner Bols STREET ADDRESS 3477A Palm City School Rd. CITY-ST-ZIP Palm City, FL 34991			1.1 TITLE President / Director ☒ Change ☐ Addition 1.2 NAME Otto Vitale 1.3 STREET ADDRESS 3228 Martin Downs Blvd. Ste #5 1.4 CITY-ST-ZIP Palm City, FL 34990		
TITLE V/D ☒ DELETE NAME Linda O'Connor STREET ADDRESS 404 Sheridan Blvd. CITY-ST-ZIP Orlando, FL 32804			2.1 TITLE Vice President / Director ☒ Change ☐ Addition 2.2 NAME Steven Vitale 2.3 STREET ADDRESS 3228 Martin Downs Blvd. Suite #5 2.4 CITY-ST-ZIP Palm City, FL 34990		
TITLE T/D ☒ DELETE NAME Brian Bols STREET ADDRESS 602 S. Conway Apt. H CITY-ST-ZIP Orlando, FL 32807			3.1 TITLE Treasurer / Director ☒ Change ☐ Addition 3.2 NAME Ashley Vitale 3.3 STREET ADDRESS 3228 Martin Downs Blvd. Suite #5 3.4 CITY-ST-ZIP Palm City, FL 34990		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE Secretary / Director ☐ Change ☒ Addition 4.2 NAME Steven Vitale 4.3 STREET ADDRESS 3228 Martin Downs Blvd. Ste. #5 4.4 CITY-ST-ZIP Palm City, FL 34990		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 200002554442 6.3 STREET ADDRESS -06/10/98--01035--036 6.4 CITY-ST-ZIP ***61.25		
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 in an attachment with an address. SIGNATURE:  Steven G. Vitale 5/18/98 561-781-1999 Signature and Typed or Printed Name of Signing Officer or Director Date Disting. Phone #					

CR2E037 (10/97)