


FILE NOW: FILING FEE IS \$61.25

FILED

May 15 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 # **N93000002832 (4)**

1. Corporation Name

805 DEL PRADO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
805 DEL PRADO PARKWAY CAPE CORAL FL 33990	805 DEL PRADO PARKWAY CAPE CORAL FL 33990

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/24/1993

4. FEI Number

65-0376430

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

**SHERIDAN, HOWARD M
3680 BROADWAY
FT MYERS FL 33901**

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHERIDAN, HOWARD M	
STREET ADDRESS	805-A DEL PRADO BLVD.	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	KNIFIC, RANDOLPH J	
STREET ADDRESS	805-A DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	DST	<input type="checkbox"/> DELETE
NAME	CARRON, MICHAEL J	
STREET ADDRESS	805-A DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	BOBMAN, STUART A	
STREET ADDRESS	805-A DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	SHAVER, RODGER W	
STREET ADDRESS	805-A DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE	DV	<input type="checkbox"/> DELETE
NAME	KRIVISKY, BRIAN A	
STREET ADDRESS	805-A DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Chaim J. Margolin, M.D.	
1.3 STREET ADDRESS	805-A DEL PRADO BLVD	
1.4 CITY-ST-ZIP	CAPE CORAL, FL 33990	

2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Carey S. Linker, M.D.	
2.3 STREET ADDRESS	805-A DEL PRADO BLVD	
2.4 CITY-ST-ZIP	CAPE CORA, FL 33990	

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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Carron, MD

4/28/98 (941) 936-2316

Date

Daytime Phone #

0002912

CR2E037 (10/97)