


FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90072 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N93000002832			
1. Corporation Name 805 DEL PRADO CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 805 DEL PRADO PARKWAY CAPE CORAL FL 33990		Mailing Address 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 <input 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	

9. Name and Address of Current Registered Agent SHERIDAN, HOWARD M 3680 BROADWAY FT MYERS FL 33901				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

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			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE	DP	SHERIDAN, HOWARD M		1.1 TITLE	V/D	LINKER, CAREY S.	
NAME	805-A DEL PRADO BLVD.	CAPE CORAL FL		1.2 NAME	805-A DEL PRADO BLVD.	CAPE CORAL FL	
STREET ADDRESS	CAPE CORAL FL			1.3 STREET ADDRESS	CAPE CORAL FL		
CITY-ST-ZIP	CAPE CORAL FL			1.4 CITY-ST-ZIP	CAPE CORAL FL		
TITLE	DV	KNIFIC, RANDOLPH J		2.1 TITLE	V/D	MARGOLIN, CHAIM J.	
NAME	805-A DEL PRADO BLVD	CAPE CORAL FL		2.2 NAME	805-A DEL PRADO BLVD.	CAPE CORAL FL	
STREET ADDRESS	CAPE CORAL FL			2.3 STREET ADDRESS	CAPE CORAL FL		
CITY-ST-ZIP	CAPE CORAL FL			2.4 CITY-ST-ZIP	CAPE CORAL FL		
TITLE	DST	CARRON, MICHAEL J		3.1 TITLE			
NAME	805-A DEL PRADO BLVD	CAPE CORAL FL		3.2 NAME			
STREET ADDRESS	CAPE CORAL FL			3.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			3.4 CITY-ST-ZIP			
TITLE	DV	BOBMAN, STUART A		4.1 TITLE			
NAME	805-A DEL PRADO BLVD	CAPE CORAL FL		4.2 NAME			
STREET ADDRESS	CAPE CORAL FL			4.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			4.4 CITY-ST-ZIP			
TITLE	DV	SHAVER, RODGER W		5.1 TITLE			
NAME	805-A DEL PRADO BLVD	CAPE CORAL FL		5.2 NAME			
STREET ADDRESS	CAPE CORAL FL			5.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			5.4 CITY-ST-ZIP			
TITLE	DV	KRIVISKY, BRIAN A		6.1 TITLE			
NAME	805-A DEL PRADO BLVD	CAPE CORAL FL		6.2 NAME			
STREET ADDRESS	CAPE CORAL FL			6.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			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:

RODGER W. SHAVER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED

Date

941-936-2316

Daytime Phone #

CR2E037 (11/98)