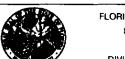
FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT 1998 DOCUMENT #



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

	N, INC.	HUN 2 CONDOMINIUM ASS		TARAHAN DIN TERBUTAH BAHA BAHA BAHA DAN BAHA DAN BAHA DAN BAHA BAHA BAHA BAHA BAHA BAHA BAHA BA						
Pri	ncipal Place of Business	Mailing Address	Mailing Address			- I 1984/1901 BIR IBIND SILM BOWN ONLY ORNIX BOWN DOWN DOWN DAY HOLD ONLY HOLY				
) COCOANUT RABOTA FL 34236	290 COCOANUT SARASOTA FL 34236				3. Date Incorporated or Qualified 11/02/1993				
						4. FEI Number Applied For Not Applied by Not Applied For Not A				
2. 21	Principal Place of Business	2a. Mailing Address 26	— <u>—</u>			Certificate of Status Desired S8.75 Additional Fee Required				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23	City & State	City & State	— <u> </u>			7. Is this nonprofit corporation a horpeowners association? [V Yes No				
24	Zip Country 25	Zip 29	30	untry		6. 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							
				81	Name					
	MUSTARI, RONALD 290 COCOANUT				Street Address (P.O. Box Number is Not Acceptable)					
	SARASOTA FL 34236									
				84		FL 85 Zip Code				
11.	Pursuant to the provisions of Section	ns 617.0502 and 617.1508, Florida Ste	tutes, the s	bove	a-named corp	poration submits this statement for the purpose of changing its registered				

office of registered agent, or both, in the state of Florida. Such change was adminished by 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 it applicable.	(NOTE: Re		required when reinstating)	DATE	
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OF		
TITLE	D DE	LETE	1.1 TITLE		☐ Change	Addition
NAME	MUSTARI, RONALD		1.2 NAME			
STREET ADDRESS	290 COCOANUT		1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34236		1.4 CITY - ST - ZIP			
TITLE	D □ DE	LETE	2.1 TITLE		☐ Change	☐ Addition
NAME	MUSTARI, JOANNE		2.2 NAME			
STREET ADDRESS	290 COCOANUT		2.3 STREET ADORESS			
CITY-ST-ZIP	SARASOTA FL 34236		2.4 CITY-ST-ZIP			
TITLE	D DE	LETE	3.1 TITLE		Change	☐ Addition
NAME	VOORHEES, JOAN		3.2 NAME			
STREET ADDRESS	290 COCOANUT		3.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34236		3.4. CITY - ST - ZIP			
TITLE	□ DE	LETE	4.1 TITLE		☐ Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	□ DE	LETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	☐ DE	LETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
C/TY-S1-79P			64 CITY-ST-ZIP			

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 flat 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 changes or on an attachment with an address.

HEQUINED 14

SIGNATURE:

FILED

May 01 1998 8:00am

Secretary of State