FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



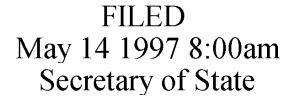
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400005744 (7)

SUITE DREAMS CONDOMINIUM ASSN., INC.





Principal Plac	e of Business	Mailing Address	····		T SATERIAN DER INNEN DOOM BOOM BOOM BOOM BOOM BOOM BEEN BOOM BOOM BOOM BOOM BOOM BOOM BOOM BOO	
3721 N.W. 40TH TERRACE SUITE B GAINESVILLE FL 32606			3721 N.W. 40TH TERRACE SUITE B GAINESVILLE FL 32606-6183			
					3. Date Incorporated or Qualified 11/21/1994	3a. Date of Last Report 04/22/1996
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number 59-2818580 59-3	308882 Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State		P. Floation Conveying Figureing	~ ~~~~
23		F '	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip Country		ntry	8. This corporation has liability for in	
24	25	29	30			Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	pistered Agent
1				81 Name		
BERNARD, TAMMY L				82 Street Ad	Address (P.O. Box Number is Not Acceptable)	
	V. 40TH TERRACE SUITE B					
GAINESV	/ILLE FL 32606			83		
)				84 City		85 Zip Code
						FL 13 20 0000
office or i	to the provisions of Sections 617.05 registered agent, or both, in the Stat	xuz and 617.1508, Florida S te of Florida. Such change v	itatutes, the at was authorized	oove-named co d by the corpor	orporation submits this statement for the piration's board of directors. I hereby accep	urpose of changing its registered I the appointment as registered
agent. La	am familiar with, and accept the obli	gations of, Section 617.050	Florida Stat	utes.	•	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if anotice his	(NOTE: Posieless	Agant signature	guired when reinstating)	DATE
12.		ND DIRECTORS	13.	i Agent signature rec	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP	DELETE		'LF		ERS AND DIRECTORS IN 12 Change Addition
NAME	BERNARD, TAMMY L		1.2 NA	IME		·
STREET ADDRESS	3721 N.W. 40TH TERRACE S	SUITE B	1.3 \$7	REET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		1.4 Ci	TY-ST-ZIP		
TITLE	VSTD	DELETE				☐ Change ☐ Addition
NAME	NEWMAN, LAWRENCE		2.2 NA	ME		
STREET ADDRESS	3721 N.W. 40TH TERRACE S	SUITE B	2.3 ST	REET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606			ITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 Ti	TLE		Change Addition
NAME	JOHNSON, CARL L		3.2 NA	IME		
STREET ADDRESS	2731 N.W 41 STREET B3		33 ST	REET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606			TY-S1-ZIP		
TITLE		☐ DELETE				☐ Change ☐ Addition
NAME			4.2 N			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		DELETE		TY-ST-ZIP		Change Addition
TITLE		L_ UELETE	II.			ELI CHANGE LI ADDITION
NAME CONCET ADDRESS			52 N/			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE		DELETE		TY-ST-ZIP		☐ Change ☐ Addition
NAME		L. Otter	6.2 NA	1		ш ологдо ш ладион
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
	by certify that the information suppli	ed with this filing does not d			ed in Section 119.07(3)(i), Florida Statutes	. I further certify that the

4. 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.

CICNIATURE.

7-1461/6

4/24/97