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

N96000006028 (2) DOCUMENT #

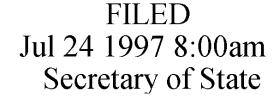
PALM BAY OF SEMINOLE CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

10780 70TH AVENUE NORTH SEMINOLE FL 34642

10760 70TH AVENUE NORTH SEMINOLE FL 33772-6301



|--|--|--|

									3. Date Incorporated or Qualified 3s. Date of Last Report 11/26/1996		
2. Principal Pi	ace of Busin	ess		26	a. Mailing Address				4. FEI Number Papplied For		
21		26	¬ -				Not Applicable				
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional				
22		27	7				5. Certificate of Status Desired Fee Required				
City & State				City & State				6. Election Campaign Financing \$5.00 May Be			
23			28					Trust Fund Contribution Added to Fees			
Zip		$\overline{}$	Country	ļ	Zip T	" -1			8. This corporation has fiability for intangible tax under s. 199.032,		
24	O Name	25	144	29	H	30	_		Florida Statutes Yes No		
9. Name and Address of Current Registered Agent							81	Name	10. Name and Address of New Registered Agent		
CAPOTE, BEATRIZ M						VI MULTIS					
	I, DEATHIZ ICKELL AV		ic .				82 Street Address (P.O. Box Number is Not Acceptable)				
17TH FL		CITU	7 C				83				
MAMI FI											
MANN IN	L 03131						84	City	FI 85 Zip Code		
11 Pursuant I	n the provis	ions	of Sections 617 0502	and	617 1508 Florida Statu	ites the	above	-named co	orporation submits this statement for the purpose of changing its registered		
office or re	egistered ag	ent,	or both, in the State of	of Flor	rida. Such change was	authoriz	ed by	the corpor	ration's board of directors. I hereby accept the appointment as registered		
•	m tamiliar wi	tn, a	nd accept the obligat	ions i	of, Section 617.0503, Fi	iorida Si	atutes				
SIGNATURE _	Stanature, typed	or pri	nted name of registered agent	and tit	itle if applicable (NO	TE Registe	red Age	nt signature reg	equired when reinstating) DATE		
12.			OFFICERS AND			13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD				DELETE	1.1	TITLE		PD X Change Addition		
NAME	POE, ST	EP	ien e			1.2	NAME		Gregory K. McGrath		
STREET ADDRESS	462 80	UTH	4TH AVE STE 625	,		1.3	STREET	ADDRESS	7795 Copper Road 17:10-4		
CITY-ST-ZIP	LOUISVI	LLE	KY 40202		× 1	1.4	CITY-S1	I - <i>2</i> 1P	Cincinnati, Ohlo 45242		
TITLE	10				DELETE	2.1	TITLE		TD Addition		
NAME			DAVID B		/	2.2	NAME	ļ	Thomas McGrath		
STRÆT ADDRESS	DORESS 462 SOUTH 4TH AVE STE 625					23 ST			7795 Cooper Road		
CITY - ST - ZIP		LLE	KY 40202			2.4	CITY-S	T-ZIP	Cincinnati, Ohio 45242		
Ture	SD		,		, 🔲 DELETE	3.1	TITLE		☐ Change ☐ Addition		
NAME			, MICHAEL			3.2	MAME	ļ			
STREET ADDRESS			DIANA CT			3.3	STREET.	ADDRESS			
CITY-ST-ZIP	DUNEDI	N F	L 34698	-	DELETE		CITY-S	T-ZIP			
TITLE					☐ DELETE		TITLE	İ	Change Addition		
NAME						1	NAME				
STREET ADDRESS								ADDRESS			
CITY-ST-ZIP					DELETE		CITY-SI	-ZiP	Change Addition		
TITLE					L. J DECETE		TITLE		LI Grange LI Adoition		
NAME							NAME	4000000			
STREET ADDRESS								ADDRESS	1		
CITY-ST-ZIP TITLE					☐ DELETE		CITY - ST TITLE	- ZIP	Change Addition		
NAME					- Detects		NAME		_ orlange _ mullion		
STREET ADDRESS								ADDRESS	NY ,		
									nInd		
14. I do hereb	v certify the	t the	information supplied	with I	this filing does not qual	ify for th	CITY-ST e exer	notion state	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the		
information	n indicated o	on th	is annual report or su	ppler	mental annual report is	true and	accu	rate and th	hat my signature shall have the same legal effect as if made under oath; that port as required by Chapter 617, Florida Statules; and that my name		
appears ir	Block 12 o	r Blo	o, ale corporation of t eck 1√3 i5 changed, or t	on an	atlachment with an ag	werea 10 idress.	exect	ne mis rep	port as required by Chapter 617, Florida Statules; and trial my name		