FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 18 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000020685 (2)

CONDOMINIUM MANAGEMENT CONNECTION, INC.

Principal Place of Business Mailing Address											ies Abres Massa 1682	98119 B1191 (411	#1 #111 I##1
) PINEBROOK	CIRCLE		*****	3930 PINEBROOK CIRCLE								
SUITE 2					SUITE 2 BRADENTON FL 34209					DO NOT WRITE IN THIS SPACE			
BRADENTON FL \$4209				DHADENIC	BRADENION PL 34208				<u> </u>	3. Date Incorporated or Qualified			
										03/12/1993			
2. Pr	rincipal Place	of Busin	ess	2a. Mailing	2a. Mailing Address					4. FEI Number		Ap	plied For
21				26	26					65-0505501	. <u> </u>	No	ot Applicable
Į અ	uite, Apt. #, e	atc.		Suite, A	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	- 1
22	22				27					S. Commonto of Grands Bosinot		Fee Re	·
City & State				City & S	City & State					6. Election Campaign Financing		\$5.00	
23				28	<u> </u>					Trust Fund Contribution	Ц	Added 1	
Zi										8. This corporation owes or ha			angible] No
24	25				29 30					Personal Property Tax due 10. Name and Address of New			110
O1 homo													
			JANET L										
3930 PINEBROOK CIRCLE						[1	82 Street Address (P.O. Box Number is Not Acceptable)						
	SUITE		Pl 04000					-		····			
	RHAU	ENION	FL 34209										
						[1	B4	City			FL	85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab								-named o	CORDOR	ation submits this statement for	he purpose o	f changing it	ts registered
I affine or registered agent, or both, in the State of Florida, Such change was authorized by the cornoration's board of directors. Thereby accept the appointment as registered												registered	
agent. 1 em familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
SIGNATURE Signature Typed or printed name of registered agent and title if applicable (NOTE: Registered									required v	when reinstating)	DATE		
12.										ADDITIONS/CHANGES TO C	FFICERS AND) DIRECTOF	R\$ IN 12
TITLE		PD			DELETE	1.1 TITI	Æ					Change	Addition
NAME		HEFFING	STON, JANET L			1.2 NA	ME						
STREE	T ADDRESS	8930 PIN	NEBROOK CIRCLE			1.3 STF	EET	ADDRESS					i
CITY-	ST-ZIP	BRADEN	ITON FL 34209			1.4 CIT	Y - S1	T-ZIP					
TITLE		-			DELETE	2.1 7171	Æ					☐ Change	☐ Addition
NAME						2.2 NA1	ME						
STREE	T ADDRESS					2 3 STF	IEET	ADDRESS					
CITY-	ST-ZIP					2.4 00	Y-S	ST-ZIP					
TITLE					☐ DELETE	31 111						Change	L_ Addition
NAME						3 2 NA							
STREE	T ADDRESS							ADDRESS					
	ST-ZIP		·	 	T agreer	3 4. CI	-	ST-ZIP				Change	Addition
TITLE					☐ DELETE	4.1 TIT						L Change	Addition
NAME						4. 2 NA							
STREE	T ADDRESS							ADDRESS					
-	ST-ZIP		 		L OCUETE	4.4 CIT		T-ZIP				Change	Addition
TITLE					DELETE	5.1 TIT		j				- crange	C Addition
NAME						5.2 NA		4000500					
1	T ADDRESS							ADDRESS					
	ST-ZIP				DELETE	5.4 C(T		1-ZIP				Change	Addition
TITLE					L DECEIL	6.1 T(T						ontaigo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME	1					6.2 NA		1000500					
I STREE	T ADDRESS					■ 6.3 S18	itt (ADDRESS	1				

14. 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 4/29/5 F

6.4 CITY-ST-ZIP