

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M67762 (8)
 1. Corporation Name
PREFERRED CONDOMINIUM MANAGEMENT CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
% ARTHUR SKRIVAN 25730 HICKORY BLVD. #636-C BONITA SPRINGS FL 33923		% ARTHUR SKRIVAN 25730 HICKORY BLVD. #636-C BONITA SPRINGS FL 33923	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	02/05/1988	65-0030958
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For	Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	29	30
24	25	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SKRIVAN, ARTHUR 25730 HICKORY BLVD. #636-C BONITA SPRINGS FL 33923		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	SKRIVAN, ARTHUR	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	25730 HICKORY BLVD. #636	1.3 STREET ADDRESS	
	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	
SD	SKRIVAN, THERESA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	25730 HICKORY BLVD. #636	2.2 NAME	
	BONITA SPRINGS FL	2.3 STREET ADDRESS	
TD	SKRIVAN, RICK	2.4 CITY-ST-ZIP	
	25730 HICKORY BLVD. #636	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BONITA SPRINGS FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arthur Skrivan* *Paul 27, 1998*

CR2E034 (1097)