

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762271 (5)**  
 1. Corporation Name  
**PROVINCETOWN CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>C/O LYNNALL BALLARD 3400 NEW S PROVINCE BLVD FT MYERS FL 33907</b>	Mailing Address <b>C/O LYNNALL BALLARD 3400 NEW S PROVINCE BLVD FT MYERS FL 33907</b>
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3. Date Incorporated or Qualified <b>03/03/1982</b>	
4. FEI Number <b>59-1507784</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**BALLARD, LYNNALL  
3400 NEW SOUTH PROVINCE BLVD  
FT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>DC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLAYPOOL, CHARLES</b>	1.2 NAME	<b>Raynold MACPherson</b>
STREET ADDRESS	<b>14380 MCGREGOR BLVD</b>	1.3 STREET ADDRESS	<b>3291-4 Prince Edward Isle</b>
CITY - ST - ZIP	<b>FT MYERS FL</b>	1.4 CITY - ST - ZIP	<b>Font Myers, FL 33907</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RATLIFF, LEE</b>	2.2 NAME	
STREET ADDRESS	<b>5797-3 NEW FOUNDLAND CIR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT MYERS FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZUSPANN, MARJORIE</b>	3.2 NAME	
STREET ADDRESS	<b>3284-2 ROYAL CANADIAN TRACE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT MYERS FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>DAT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICCOLLS, JAMES</b>	4.2 NAME	
STREET ADDRESS	<b>3306-2 NEW S PROVINCE BLVD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT MYERS FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MACPHERSON, RAYNOLD</b>	5.2 NAME	<b>JASON Huff</b>
STREET ADDRESS	<b>3291-4 PRINCE EDWARD ISLE</b>	5.3 STREET ADDRESS	<b>3311-4 Prince Edward Isle</b>
CITY - ST - ZIP	<b>FT. MYERS FL</b>	5.4 CITY - ST - ZIP	<b>Font Myers, FL 33907</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JANSEN, MARY</b>	6.2 NAME	<b>Marilyn Swenson</b>
STREET ADDRESS	<b>3389-4 YUKON CIR</b>	6.3 STREET ADDRESS	<b>3349-3 Alouette Circle</b>
CITY - ST - ZIP	<b>FT MYERS FL</b>	6.4 CITY - ST - ZIP	<b>Font Myers, FL 33907</b>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James L. Nicolls* **JAMES L. NICOLLS** 156698 941-939-2212

CF2E037 (10/97)