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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09992 (1)

1. Corporation Name
THE A1A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2780 S HWY A1A
MELBOURNE BEACH FL 32951
US

Mailing Address
C/O BRUCE A. MITCHELL, ESO
1825 SOUTH RIVERVIEW DRIVE
MELBOURNE FL 32901-4711

3. Date Incorporated or Qualified 06/27/1985
3a. Date of Last Report 04/19/1996

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip Country
24 25
2a. Mailing Address 2780 S. Hwy A1A
26 Suite, Apt. #, etc.
27 City & State
28 Melbourne Bch, Fl
29 Zip 32951
30 Country Brevard

4. FEI Number 59-2543105
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
REINMAN, JIM
1825 S RIVERVIEW DRIVE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent
81 Name Patricia Meyer
82 Street Address (P.O. Box Number is Not Acceptable) 2780 S. Hwy A1A #200
83
84 City Melbourne Beach FL 85 Zip Code 32951

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 *Patricia G. Meyer* Patricia G. Meyer, Office Mgr March 19, 1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	MULHOLLAND, ROGER	
STREET ADDRESS	2780 S HWY A1A #118	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BALLAS, PHYLLIS	
STREET ADDRESS	2780 S HWY A1A #133	
CITY-ST-ZIP	MELBOURNE BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RYAN, JOHN	
STREET ADDRESS	2780 S HWY A1A #26	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHITCHER, MARTHA	
STREET ADDRESS	2780 S HWY A1A #109	
CITY-ST-ZIP	MELBOURNE BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZIMMERMAN, JOHN	
STREET ADDRESS	2780 S. HWY A1A #120	
CITY-ST-ZIP	MELBOURNE BCH. FL 32951	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZIEMIANSKI, EDWARD	
STREET ADDRESS	2780 S HWY A1A #25	
CITY-ST-ZIP	MELBOURNE BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	zip code 32951	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Glenn Summerson	
2.3 STREET ADDRESS	2780 S. Hwy A1A #175	
2.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	zip code 32951	
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	zip code 32951	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	David Zweier	
5.3 STREET ADDRESS	2780 S. Hwy A1A #91	
5.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	zip code 32951	

14. 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.

SIGNATURE: *Edward Ziemianski* Edward Ziemianski, President 3/19/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0016358

CR2E037 (9/96)