

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).


AND FILED

97 OCT 17 AM 11:25

pg. 1 of 2

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 703484 (6)

1. Corporation Name
 FLORALTON BEACH ASSOCIATION, INC.



Principal Place of Business Mailing Address

C/O MRS. SAM BELL 890 REEF ROAD VERO BCH FL 32963
 C/O MRS. SAM BELL 890 REEF ROAD VERO BCH FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/22/1962
 3a. Date of Last Report 03/18/1996
 4. FEI Number 59-2388522 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent

BELL, SAM
 890 REEF RD.
 VERO BCH FL 32963

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 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 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	VARLEY, WAYNE	
STREET ADDRESS	875 REEF RD.	
CITY-ST-ZIP	VERO BCH. FL 32963	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BELL, SUSAN	
STREET ADDRESS	890 REEF RD	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RUEDEL, BEE	
STREET ADDRESS	716 LIVE OAK LANE	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DB Remington, Peter
1.3 STREET ADDRESS	215 Live Oak Lane
1.4 CITY-ST-ZIP	VERO BEACH, FL 32963
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SD Gordon, Nancy
3.3 STREET ADDRESS	725 Live Oak Lane
3.4 CITY-ST-ZIP	VERO BEACH, FL 32963
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	

300002325243--7
 -10/21/97--01024--002
 *****61.25 *****61.25

A. Alan
 10/17/97

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.

CFR2E037 (4/97)

Oct 10 1997

pg. 2 of 2

To Whom it May Concern

I am sorry I didn't understand that a
D needed to be put by all 3 names. I hope
this is in order now.

I went away Aug 7 touring the U.S.
& did not have forwarding addresses for my
mail. I thought I had everything covered
before I left as I didn't return home until
Oct 10th

I called the Annual Reports Section & was
told that I wrote this out, our Association
would not be charged for this mistaken delay

Thank you very much

Susan Bell

Treasurer

Horseton Beach Association