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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711421

1. Corporation Name

ORMOND SHORES ESTATES, INC.

Principal Place of Business
35 WISTERIA DRIVE
ORMOND BEACH FL 32176
US

Mailing Address
8 WISTERIA DRIVE
ORMOND BEACH FL 32176
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 35 WISTERIA DRIVE	08/30/1966
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27 ORMOND BEACH, FL	NOT APPLICABLE
City & State	City & State	Applied For
23	28 32176 VOLUSIA	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
25	30	\$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing <input type="checkbox"/>
24	29	\$5.00 May Be Added to Fees
25	30	Trust Fund Contribution

9. Name and Address of Current Registered Agent

AUSTIN, MURIEL E
35 WISTERIA DR
ORMOND BEACH FL 32176

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 **2/6/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD FERGUSON, SHERRIE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	MARY JOHNSON
STREET ADDRESS	7 WISTERIA DR	1.3 STREET ADDRESS	32 JUNIPER DRIVE
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, MURIEL E	2.2 NAME	
STREET ADDRESS	35 WISTERIA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENEDICT, BRUCE	3.2 NAME	
STREET ADDRESS	29 CAMELLIA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MURIEL E. AUSTIN **2/6/99** **(904) 441-1453**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TREASURER

CR2E037 (11/98)