

FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729275 (8)

1. Corporation Name
LAVALLET TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business KEVIN ETHERIDGE 3298 SUMMIT BLVD., SUITE 4 PENSACOLA FL 32503	Mailing Address KEVIN ETHERIDGE 3298 SUMMIT BLVD., SUITE 4 PENSACOLA FL 32503
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3. Date Incorporated or Qualified 04/05/1974	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-2244662	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business	2a. Mailing Address
	26 Suite, Apt. #, etc.
	27 City & State
28 Country	29 Zip
	30 Country

8. Name and Address of Current Registered Agent

**ETHERIDGE, KEVIN R.
 3298 SUMMIT BLVD.
 SUITE 4
 PENSACOLA FL 32503**

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
	FL

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	BREWTON, BILLY	
STREET ADDRESS	4300 W. FRANCISCO ROAD #39	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CRADDOCK, FRANK	
STREET ADDRESS	4300 W. FRANCISCO ROAD #8	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PAPADOR, SOPHIA	
STREET ADDRESS	4300 W. FRANCISCO ROAD #38	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HUNT, DWAYNE	
STREET ADDRESS	4300 W. FRANCISCO #28	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRASELSKY, CHARLES	
STREET ADDRESS	4300 W. FRANCISCO ROAD #37	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LADD, VERN	
STREET ADDRESS	4300 W. FRANCISCO ROAD #10	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Carolyn Whitmore	
1.3 STREET ADDRESS	4300 W. Francisco Rd. #2	
1.4 CITY-ST-ZIP	Pensacola, Fl.	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mary Giblin	
2.3 STREET ADDRESS	4300 W. Francisco Rd. 25	
2.4 CITY-ST-ZIP	Pensacola, Fl.	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Papador, Sophia	
3.3 STREET ADDRESS	4300 W. Francisco Rd. #38	
3.4 CITY-ST-ZIP	Pensacola, Fl. 32504	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Marilyn Efland	
4.3 STREET ADDRESS	4300 W. Francisco Rd. # 40	
4.4 CITY-ST-ZIP	Pensacola,	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* 4/27/98 434-3585

CR2E037 (10/97)