


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

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729879 (7)**  
 1. Corporation Name  
**EARMAN VILLAS ASSOCIATION, INC.**



Principal Place of Business <b>510 PROSPERITY FARMS RD.                  NORTH PALM BEACH FL 33408</b>	Mailing Address <b>784 US HWY 1                  SUITE 11                  N PALM BCH FL 33408                  US</b>
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3. Date Incorporated or Qualified <b>05/29/1974</b>	3a. Date of Last Report <b>03/06/1995</b>
4. FEI Number <b>59-1650090</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  <b>WHITE, MARLENE V.                  784 US HWY 1 #11                  NORTH PALM BEACH FL 33408</b>	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
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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	S <input type="checkbox"/> DELETE	1.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKMAN, MARY A	1.2 NAME	BECKMAN, MARYANNE
STREET ADDRESS	829 HUMMINGBIRD WAY	1.3 STREET ADDRESS	813 HUMMINGBIRD WAY # 2-A
CITY-ST-ZIP	NORTH PALM BEACH FL	1.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN, MICHELE	2.2 NAME	
STREET ADDRESS	805 HUMMINGBIRD WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, DAVID	3.2 NAME	MICHAEL SHERMAN
STREET ADDRESS	100 LEHANE TERR #23	3.3 STREET ADDRESS	805 Hummingbird Way # 7
CITY-ST-ZIP	NORTH PALM BEACH FL	3.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERSON, DAVID	4.2 NAME	
STREET ADDRESS	14092 PORT CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS FL	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARDIFF, CHRIS	5.2 NAME	BRIAN ESTABROOK
STREET ADDRESS	510 PROSPERITY FARMS ROAD 4B	5.3 STREET ADDRESS	924 9th Court
CITY-ST-ZIP	N. PALM BEACH FL	5.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Michael Sherman 4-30-96 (407) 840-8710  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)