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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # 729879 (7)
1. Corporation Name
EARMAN VILLAS ASSOCIATION, INC.



Principal Place of Business: 510 PROSPERITY FARMS RD. NORTH PALM BEACH FL 33408
Mailing Address: 784 US HWY 1 SUITE 11 N PALM BCH FL 33408 US

3. Date Incorporated or Qualified: 05/29/1974
4. FEI Number: 59-1650090
Applied For: Not Applicable

2. Principal Place of Business: 21
2a. Mailing Address: 26
9121 N. Military Trail
Suite, Apt. #, etc.: 22
Suite 022
City & State: 23
Palm Beach Gardens, FL
Zip: 24
33410
Country: 25
USA

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
WHITE, MARLENE V.
784 US HWY 1 #11
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent
81 Name: Mary S. Hopkins
82 Street Address (P.O. Box Number is Not Acceptable): 9121 N. Military Tr, #222
83
84 City: Palm Beach Gardens FL 85 Zip Code: 33410

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 officer 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: *Mary S. Hopkins* MARY S. HOPKINS 3-18-98
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	S/D	<input type="checkbox"/> DELETE
NAME	BECKMAN, MARY A	
STREET ADDRESS	813 HUMMINGBIRD WAY @2-A	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHERMAN, MICHAEL	
STREET ADDRESS	805 HUMMINGBIRD WAY #7	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SANDERSON, DAVID	
STREET ADDRESS	14092 PORT CIR	
CITY-ST-ZIP	PALM BCH GDNS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ESTABROOK, BRIAN	
STREET ADDRESS	927 9TH CT	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
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	Pres/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	George S. Walsh	
1.3 STREET ADDRESS	510 Prosperity Farms Rd, #50	
1.4 CITY-ST-ZIP	N Palm Beach, FL 33408	
2.1 TITLE	Treas/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sandra Baginski	
2.3 STREET ADDRESS	813 Hummingbird Way #5A	
2.4 CITY-ST-ZIP	N. Palm Beach, FL 33408	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

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: *[Signature]* SIGNATURE REQUIRED

CP2E037 (10/97)