


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90053 041 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729879**

1. Corporation Name  
**EARMAN VILLAS ASSOCIATION, INC.**

Principal Place of Business 510 PROSPERITY FARMS RD. NORTH PALM BEACH FL 33408	Mailing Address 9121 N. MILITARY TRAIL SUITE 222 PALM BEACH GARDENS FL 33410 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/29/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1650090
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent

**HOPKINS, MARY S**  
**9121 N. MILITARY TR., #222**  
**PALM BEACH GARDENS FL 33410**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BECKMAN, MARY A	
STREET ADDRESS	813 HUMMINGBIRD WAY @2-A	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WALSH, GEORGE S	
STREET ADDRESS	510 PROSPERITY FARMS RD #5B	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE	VD/PD	<input type="checkbox"/> DELETE
NAME	SANDERSON, DAVID	
STREET ADDRESS	14092 PORT CIR	
CITY-ST-ZIP	PALM BCH GDNS FL 33410	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BAZIENSKI, SANDRA	
STREET ADDRESS	813 HUMMINGBIRD WAY #5A	
CITY-ST-ZIP	N PALM BEACH FL 33408	
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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gerolyn Jenkins	
1.3 STREET ADDRESS	813 Hummingbird Way @ 6A	
1.4 CITY-ST-ZIP	North Palm Beach, FL, 33408	
2.1 TITLE	W	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ARTHUR MORRIS	
2.3 STREET ADDRESS	809 Hummingbird Way @ 1C	
2.4 CITY-ST-ZIP	North 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)(l), 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: *[Signature]* SIGNATURE REQUIRED: **David Sanderson** JAN 26, 1999 561-622-8163  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)