

FILE NOW: FILING FEE IS \$61.25

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**May 20 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747633 (6)

1. Corporation Name
ASBURY ARMS OWNERS ASSOCIATION, INC.



Principal Place of Business C/O RAMPART PROPERTIES, INC. 10033 89TH STREET NORTH, 2ND FLOOR ST. PETERSBURG FL 33716-0805	Mailing Address C/O RAMPART PROPERTIES, INC. 10033 8TH STREET NORTH, 2ND FLOOR ST. PETERSBURG FL 33716-3804 US
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3. Date Incorporated or Qualified 06/14/1979	3a. Date of Last Report 02/28/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	4. FEI Number 59-2005507	Applied For <input type="checkbox"/> Not Applicable
		6. 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
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RAMPART PROPERTIES, INC. 10033 99TH STREET NORTH, 2ND FLOOR ST. PETERSBURG FL 33716-0805	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 TD	NAME VAN PELT, FRED	1.1 TITLE VP	1.2 NAME John P. Novak
STREET ADDRESS 801 83 AVE NO. #221	CITY-ST-ZIP ST PETERSBURG, FL 00000	1.3 STREET ADDRESS 10033 9th Street North, St. Pete,	1.4 CITY-ST-ZIP
TITLE PD	NAME PICURI, MARIE	2.1 TITLE TD	2.2 NAME Dell Reyonlds
STREET ADDRESS 801 83 AVE N #220	CITY-ST-ZIP ST PETERSBURG, FL 00000	2.3 STREET ADDRESS 10033 9th Street North	2.4 CITY-ST-ZIP St. Petersburg, FL 33716
TITLE SD	NAME JACOBS, FERN	3.1 TITLE D	3.2 NAME Anna Schmalzer
STREET ADDRESS 801 83 AVE N	CITY-ST-ZIP ST. PETERSBURG FL	3.3 STREET ADDRESS 10033 9th Street North	3.4 CITY-ST-ZIP St. Petersburg, FL 33716
TITLE VP	NAME SMITH, INDIA	4.1 TITLE	4.2 NAME
STREET ADDRESS 801 83 AVE N 508	CITY-ST-ZIP ST PETERSBURG FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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: Anna Schmalzer **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051222

CR25037 (9/96)