

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

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>C/O RAMPART PROPERTIES, INC.                  10033 99TH STREET NORTH, 2ND FLOOR                  ST. PETERSBURG FL 33716-0805</b>	Mailing Address <b>C/O RAMPART PROPERTIES, INC.                  10033 9TH STREET NORTH, 2ND FLOOR                  ST. PETERSBURG FL 33716-0805                  US</b>
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3. Date Incorporated or Qualified <b>08/14/1979</b>
4. FEI Number <b>59-2006507</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>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> No

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

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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	VP	<input type="checkbox"/> DELETE
NAME	NOVAK, JOHN P	
STREET ADDRESS	10033 9TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PICURI, MARIE	
STREET ADDRESS	801 83 AVE N #220	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JACOBS, FERN	
STREET ADDRESS	801 83 AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	REYNOLDS, DELL	
STREET ADDRESS	10033 9TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHMALZER, ANNA	
STREET ADDRESS	10033 9TH STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richard Dillard	
1.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.	
5.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.	
6.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	

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: *John P. Novak* 2/27/98 813-579-0581

CR2E037 (10/97)