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Mar 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747633

1. Corporation Name
ASBURY ARMS OWNERS ASSOCIATION, INC.

Principal Place of Business C/O RAMPART PROPERTIES, INC. 10033 99TH STREET NORTH, 2ND FLOOR ST. PETERSBURG FL 33716-0805	Mailing Address C/O RAMPART PROPERTIES, INC. 10033 9TH STREET NORTH, 2ND FLOOR ST. PETERSBURG FL 33716-0805 US
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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	3. Date Incorporated or Qualified 06/14/1979	4. FEI Number 59-2005507 Applied For Not Applicable	5. 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
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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

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	VP	<input type="checkbox"/> DELETE
NAME	NOVAK, JOHN P	
STREET ADDRESS	10033 NINTH ST., N. 2ND FLOOR	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PICURI, MARIE	
STREET ADDRESS	10033 NINTH ST. N. 2ND FLOOR	
CITY-ST-ZIP	ST PETERSBURG, FL 00000 33716	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JACOBS, FERN	
STREET ADDRESS	10033 NINTH ST. N. 2ND FLOOR	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	REYNOLDS, DELL	
STREET ADDRESS	10033 NINTH ST. N. 2ND FLOOR	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DILLARD, RICHARD	
STREET ADDRESS	10033 NINTH ST. N. 2ND FLOOR	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *Maria Harris* **REQUIRED** *Mar 9th 1999*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP/EN/17 (11/98)