

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 762761 (5)
1. Corporation Name
ALLANS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **285 ALLAN LANE MELBOURNE BCH FL 32951**
Mailing Address: **285 ALLAN LANE MELBOURNE BCH FL 32951**

3. Date Incorporated or Qualified: **04/06/1982**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2513974**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
KENT, EVELYN
285 ALLAN LANE
MELBOURNE BCH FL 32951

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DT <input type="checkbox"/> DELETE
NAME	KENT, EVELYN H
STREET ADDRESS	285 ALLAN LANE
CITY-ST-ZIP	MELBOURNE BEACH FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	BAYLE, PHILLIP C
STREET ADDRESS	265 ALLAN LANE
CITY-ST-ZIP	MELBOURNE BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GROVER, DAVID
STREET ADDRESS	200 ALLAN LANE
CITY-ST-ZIP	MELBOURNE BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WALKER, WILLIAM D.
STREET ADDRESS	145 ALLAN LANE
CITY-ST-ZIP	MELBOURNE BEACH FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	FINLEY, MRS JOSEPH M
STREET ADDRESS	3170 S HIGHWAY A1A
CITY-ST-ZIP	MELBOURNE BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KENT, MILDRED
STREET ADDRESS	285 ALLAN LANE
CITY-ST-ZIP	MELBOURNE BEACH FL

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Evelyn H. Kent Evelyn H. Kent Date: _____ Daytime Phone #: 407-723-6198

CR2E037 (12/95)