

4-25-97 B5532 NC  
 FILE NOW: FILING FEE IS \$61.25

FILED  
 Apr 25 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 762761 (5)**

1. Corporation Name  
**ALLANS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>285 ALLAN LANE MELBOURNE BCH FL 32851</b>	Mailing Address <b>285 ALLAN LANE MELBOURNE BCH FL 32851-3065</b>
---	--

3. Date Incorporated or Qualified <b>04/06/1982</b>	3a. Date of Last Report <b>04/26/1996</b>
--	--

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

4. FEI Number <b>59-2513974</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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

**KENT, EVELYN  
285 ALLAN LANE  
MELBOURNE BCH FL 32851**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENT, EVELYN H</b>	1.2 NAME	
STREET ADDRESS	<b>285 ALLAN LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAYLE, PHILLIP C</b>	2.2 NAME	
STREET ADDRESS	<b>285 ALLAN LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GROVER, DAVID</b>	3.2 NAME	
STREET ADDRESS	<b>200 ALLAN LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, WILLIAM D.</b>	4.2 NAME	
STREET ADDRESS	<b>145 ALLAN LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINLEY, MRS JOSEPH M</b>	5.2 NAME	
STREET ADDRESS	<b>3170 S HIGHWAY A1A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENT, MILDRED</b>	6.2 NAME	
STREET ADDRESS	<b>285 ALLAN LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL</b>	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.

CR2E037 (9/96)