FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(5)

ALLANS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

FILED							
May 06 1	998	8:00am					
Secreta	ry of	State					

Principal Place of Business Mailing Address										
285 ALLAN LANE MELBOURNE BCH FL 32951			285 ALLAN LANE MELBOURNE BCH FL 32951				3. Date Incorporated or Qualified 04/06/1982 4. FEI Number Applied For			
2. Principal Place of Business		<u> </u>	2a. Mailing Address				5. Certificate of Status Desired \$8.75 Addition	\$8.75 Additional Fee Regulard		
2	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.		_				
3	City & State		28	City & State				7. Is this nonprofit corporation a homeowners association?		
4	Zip	Country 25	29	Zip	30 Co	untry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	1	
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
						81	Name			
KENT, EVELYN 265 ALLAN LANE			82 Street Address (P.O. Box Number is Not Acceptable)							
	MELBOURNE BCH FL 32951									
			Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Suite Agent Country Country Suite Apt. #, etc. City & State City & State Country Country Suite Apt. #, etc. City & State City & State Country Suite Added to Fees Trust Fund Contribution Added to Fees To Is this nonprofit corporation a homeowners association? Zip Country Suite Address of No Country Suite Address of No Country Suite Address of New Registered Agent Suite Address (P.O. Box Number is Not Acceptable)							
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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						
	Signature, typed or printed name of registered agent and title if applica	ble (NOTE R	legistered Agent signature			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	DT	☐ DELETE	1.1 TITLE		☐ Change	Addition Addition
NAME	KENT, EVELYN H		1.2 NAME			
STREET ADDRESS	285 ALLAN LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE BEACH FL		1.4 CITY - ST - ZIP			
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	BAYLE, PHILLIP C		2.2 NAME	,		
STREET ADDRESS	285 ALLAN LANE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE BEACH FL		2.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME	GROVER, DAVID		3.2 NAME			
STREET ADDRESS	200 ALLAN LANE		3.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE BEACH FL		3.4. CITY-ST-ZIP			
TITLE	D	DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	WALKER, WILLIAM D.		4. 2 NAME			
STREET ADDRESS	145 ALLAN LANE		4.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE BEACH FL		4.4 CITY-ST-ZIP			
TIFLE	DS	DELETE	5.1 TITLE		☐ Change	Addition
NAME	FINLEY, MRS JOSEPH M		5.2 NAME			
STREET ADDRESS	3170 S HIGHWAY A1A		5.3 STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE BEACH FL		5.4 CITY-ST-ZIP			
TITLE	D	DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME	KENT, MILDRED		6.2 NAME			•
STREET ADDRESS	285 ALLAN LANE		6.3 STREET ADDRESS			

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.

SIGNATURE: Evelva H. Kout

Evelin H. Kent