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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90024 031 ****61.25

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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 # 762761

1. Corporation Name
ALLANS SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

486968 - 90024 - 31

Principal Place of Business 285 ALLAN LANE MELBOURNE BCH FL 32951	Mailing Address 285 ALLAN LANE MELBOURNE BCH FL 32951
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/06/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2513974
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 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 **Kent Mildred E.**
 82 Street Address (P.O. Box Number is Not Acceptable)
285 ALLAN LANE
 83
 84 City **Melborne Beach** FL 85 Zip Code **32951**

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 Mildred E. Kent, Treasurer Mildred E. Kent 4/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" 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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gayle Bayle	
1.3 STREET ADDRESS	285 ALLAN LANE	
1.4 CITY-ST-ZIP	Melbourne Beach FL, 32951	
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	Treasurer	<input checked="" 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: Mildred E. Kent 4/26/99 407-223-6198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)