

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1997 8:00am
Secretary of State

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

DOCUMENT # **763162** (5)
1. Corporation Name
DURANT OAKS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business P. O. BOX 113 VALRICO FL 33594	Mailing Address P. O. BOX 113 VALRICO FL 33595-0113
--------------------------------------------------------------------------	-------------------------------------------------------------------

3. Date Incorporated or Qualified 05/10/1982	3a. Date of Last Report 04/29/1996
4. FEI Number 59-2612585	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
---------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------

9. Name and Address of Current Registered Agent
**DUPRE, IRVING M.
2706 HERNDON ST
VALRICO FL 33594**

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

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	P <input checked="" type="checkbox"/> DELETE
NAME	DUPRE, IRVING M.
STREET ADDRESS	2706 HERNDON ST
CITY-ST-ZIP	VALRICO FL
TITLE	T <input type="checkbox"/> DELETE
NAME	SWEENEY, JACK
STREET ADDRESS	2608 HERNDON ST
CITY-ST-ZIP	VALRICO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FREEMAN, DALE
STREET ADDRESS	2710 HERNDON ST
CITY-ST-ZIP	VALRICO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BUCKER, MELISSA
STREET ADDRESS	2708 HERNDON ST
CITY-ST-ZIP	VALRICO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BILLINGSLEY, CHRISTOPHER
STREET ADDRESS	2801 HERNDON CT
CITY-ST-ZIP	VALRICO FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CARBAUGH, JERRY
STREET ADDRESS	2709 HERNDON ST
CITY-ST-ZIP	VALRICO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEORGE BORAIKO
1.3 STREET ADDRESS	2605 HERNDON ST
1.4 CITY-ST-ZIP	VALRICO FL
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	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARTIN CORLIETO
5.3 STREET ADDRESS	2716 HERNDON ST
5.4 CITY-ST-ZIP	VALRICO, FL
6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	IRVING DUPRE
6.3 STREET ADDRESS	2706 HERNDON ST
6.4 CITY-ST-ZIP	VALRICO FL

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, as applicable, with an address.

SIGNATURE **JOHN F. GWINNET** **04.04.97**

CR2E037 (9/96)