

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 # **N10569** (4)
1. Corporation Name
BEHRINGER AND HOWELL CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business: 2611 SE 17TH STREET, C/O FREDERICK R. BEHRINGER, JR. OCALA FL 32671
Mailing Address: 2611 SE 17TH STREET, C/O FREDERICK R. BEHRINGER, JR. OCALA FL 32671

3. Date Incorporated or Qualified: 08/06/1985
3a. Date of Last Report: 02/16/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	59-2017252	Not Applicable
23	City & State	28	City & State	6.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	29	Zip	7.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BEHRINGER, FREDERICK R., JR. 2611 SE 17TH STREET OCALA FL 32671				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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	PDS	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEHRINGER, FREDERICK R.			1.2 NAME			
STREET ADDRESS	2627 SE 16TH STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			1.4 CITY-ST-ZIP			
TITLE	TVD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUGHES, STEVE			2.2 NAME			
STREET ADDRESS	1128 SE 14TH AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEHRINGER, SUSAN			3.2 NAME			
STREET ADDRESS	2627 SE 16TH ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUGHES, PRISCILLA			4.2 NAME			
STREET ADDRESS	1128 SE 14TH AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Frederick R. Behringer, Jr.* 2/21/96 904-629-8881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)