

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 10 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
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**DOCUMENT # N10569 (4)**

1. Corporation Name  
**BEHRINGER AND HOWELL CONDOMINIUM ASSOCIATION, IN C.**



Principal Place of Business <b>2611 SE 17TH STREET C/O FREDERICK R. BEHRINGER, JR. OCALA FL 32671</b>	Mailing Address <b>2611 SE 17TH STREET C/O FREDERICK R. BEHRINGER, JR. OCALA FL 34471-5520</b>
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3. Date Incorporated or Qualified <b>08/06/1985</b>	3a. Date of Last Report <b>02/28/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country
25 Country	30 Country

4. FEI Number <b>59-2017252</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BEHRINGER, FREDERICK R., JR.  
2611 SE 17TH STREET  
OCALA FL 32671**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		DELETED
TITLE	<b>PDS</b>	<input type="checkbox"/>
NAME	<b>BEHRINGER, FREDERICK R.</b>	
STREET ADDRESS	<b>2627 SE 16TH STREET</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>TVD</b>	<input type="checkbox"/>
NAME	<b>HUGHES, STEVE</b>	
STREET ADDRESS	<b>1128 SE 14TH AVE.</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>BEHRINGER, SUSAN</b>	
STREET ADDRESS	<b>2627 SE 16TH ST.</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>HUGHES, PRISCILLA</b>	
STREET ADDRESS	<b>1128 SE 14TH AVE.</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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.

SIGNATURE *[Handwritten Signature]* DATE *5/2/97*

CR2E037 (9/96)