


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90071 045 ****61.25

UNASSAY

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N11220
 1. Corporation Name
FLORAL PARK PROPERTY OWNERS' ASSOCIATION

Principal Place of Business % EVELYN HIGHT 2690 CAMBRIDGE RD LANTANA FL 33462	Mailing Address % EVELYN HIGHT 2690 CAMBRIDGE RD LANTANA FL 33462
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/20/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2259689 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
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 Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent HIGHT, EVELYN N. 6711 WESTVIEW DR LANTANA FL 33462	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <div style="text-align: right;">FL</div> 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME CONLEY, WILLIAM	1.1 TITLE P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 2690 CAMBRIDGE RD	DELETE <input checked="" type="checkbox"/>	1.2 NAME Lore, Charles	
CITY-ST-ZIP LANTANA FL 33462		1.3 STREET ADDRESS 2690 Cambridge Rd.	
TITLE VP	DELETE <input checked="" type="checkbox"/>	1.4 CITY-ST-ZIP Lantana, FL 33462	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME LORE, CHARLES		2.1 TITLE VP	
STREET ADDRESS 2690 CAMBRIDGE RD		2.2 NAME Hare, Jack	
CITY-ST-ZIP LANTANA FL 33462		2.3 STREET ADDRESS 2690 Cambridge Rd.	
TITLE T	DELETE <input type="checkbox"/>	2.4 CITY-ST-ZIP Lantana, FL 33462	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME DOLAN, UNA		3.1 TITLE S	
STREET ADDRESS 2690 CAMBRIDGE RD		3.2 NAME Pierce, Sandra	
CITY-ST-ZIP LANTANA FL 33462		3.3 STREET ADDRESS 2690 Cambridge Rd	
TITLE D	DELETE <input checked="" type="checkbox"/>	3.4 CITY-ST-ZIP Lantana, FL 33462	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME PIERCE, THOMAS E		4.1 TITLE D	
STREET ADDRESS 2690 CAMBRIDGE RD		4.2 NAME Vium, Gladys	
CITY-ST-ZIP LANTANA FL 33462		4.3 STREET ADDRESS 2690 Cambridge Rd	
TITLE D	DELETE <input type="checkbox"/>	4.4 CITY-ST-ZIP Lantana, FL 33462	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME PITSCHMAN, MARIE		5.1 TITLE D	
STREET ADDRESS 2690 CAMBRIDGE RD		5.2 NAME Sanchez, Thomas	
CITY-ST-ZIP LANTANA FL 33462		5.3 STREET ADDRESS 2690 Cambridge Rd	
TITLE D	DELETE <input type="checkbox"/>	5.4 CITY-ST-ZIP Lantana, FL 33462	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME RICKERSON, R		6.1 TITLE D	
STREET ADDRESS 2690 CAMBRIDGE RD		6.2 NAME Martin, Lester	
CITY-ST-ZIP LANTANA FL 33462		6.3 STREET ADDRESS 2690 Cambridge Rd	
		6.4 CITY-ST-ZIP Lantana, FL 33462	

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: SIGNATURE REQUIRED 3/1/99 968-7198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)