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May 20 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 # N22898 (3)
1. Corporation Name
D3C HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
P. O. BOX 850513 LAKE MARY FL 32785-0513 US
P. O. BOX 850513 LAKE MARY FL 32785-0513 US

3. Date Incorporated or Qualified 10/08/1987
3a. Date of Last Report 02/14/1996

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 25 29 30

4. FEI Number 59-3047038
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JICKELL, DANA
463 QUEENSBRIDGE DRIVE
LAKE MARY FL 32746

10. Name and Address of New Registered Agent
81 Name Mike Dempsey
82 Street Address (P.O. Box Number is Not Acceptable) 499 Wexdon Court
83
84 City Lake Mary FL 85 Zip Code 32746

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 Michelle P. Dempsey Michelle P. Dempsey DATE 4-30-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retreating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JICKELL, DANA	1.2 NAME	Mike Dempsey
STREET ADDRESS	463 QUEENSBRIDGE DRIVE	1.3 STREET ADDRESS	499 Wexdon Court
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNS, JACQUIE A	2.2 NAME	Suzanne Montano
STREET ADDRESS	467 QUEENSBRIDGE DRIVE	2.3 STREET ADDRESS	631 Queensbridge Drive
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DERMON, TERESA R	3.2 NAME	Sharon Erhart
STREET ADDRESS	635 QUEENSBRIDGE DRIVE	3.3 STREET ADDRESS	813 Avon Court
CITY-ST-ZIP	LAKE MARY FL	3.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Michele Engle
STREET ADDRESS		4.3 STREET ADDRESS	534 Queensbridge Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
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	
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 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: Michelle P. Dempsey Michelle P. Dempsey DATE 4-30-97 DAYTIME PHONE # 407-323-1595
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

CP2E037 (9/96)