

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 # N24885 (8)
1. Corporation Name
ALMOND TREE ESTATES HOMEOWNER'S ASSOCIATION, INC



Principal Place of Business
**P O BOX 406
GOTHA FL 34734-7406**

Mailing Address
**P O BOX 406
GOTHA FL 34734-7406**

3. Date Incorporated or Qualified
02/17/1988

3a. Date of Last Report
06/23/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2874139		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLIFFORD, SHEPARD PA
20 NORTH AVE
STE 1107
ORLANDO FL 32801**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENDRE, THOMAS	1.2 NAME	
STREET ADDRESS	950 ALMOND TREE CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILMORE, STEVEN	2.2 NAME	Cooper, Karen
STREET ADDRESS	1244 ALMOND TREE CT	2.3 STREET ADDRESS	1033 Almond Tree Cr.
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	Orlando, FL
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECOURTIVRON, JULIE	3.2 NAME	
STREET ADDRESS	997 ALMOND TREE CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUSE, RAY	4.2 NAME	
STREET ADDRESS	980 ALMOND TREE CR	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARK, LENNY	5.2 NAME	200001869942
STREET ADDRESS	1039 ALMOND TREE CIR.	5.3 STREET ADDRESS	-06/20/96--01072--005
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	***61.25
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOBALIK, JOE	6.2 NAME	D Kulp, Jake
STREET ADDRESS	1230 ALMOND TREE CR	6.3 STREET ADDRESS	1046 Almond Tree Cr.
CITY - ST - ZIP	ORLANDO FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John J. deConard

274-4438

CR2E037 (12/95)