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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34734-0406
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3. Date Incorporated or Qualified 02/17/1988	3a. Date of Last Report 06/20/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2874139	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CLIFFORD, SHEPARD PA
20 NORTH AVE
STE 1107
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent; signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
NAME	ENDRE, THOMAS	
STREET ADDRESS	950 ALMOND TREE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	
NAME	COOPER, KAREN	
STREET ADDRESS	1033 ALMOND TREE CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	
NAME	DECOURTIVRON, JULIE	
STREET ADDRESS	997 ALMOND TREE CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	
NAME	VAUSE, RAY	
STREET ADDRESS	980 ALMOND TREE CR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	
NAME	STARK, LENNY	
STREET ADDRESS	1039 ALMOND TREE CIR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	
NAME	KULP, JUKE	
STREET ADDRESS	1048 ALMOND TREE CR	
CITY-ST-ZIP	ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP	ZIP 32835		
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	1032 ALMOND TREE CIRCLE		
2.4 CITY-ST-ZIP	ORLANDO, FL 32835		
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	JOHNSON, SUSAN		
3.3 STREET ADDRESS	913 ALMOND TREE CIR		
3.4 CITY-ST-ZIP	ORLANDO, FL. 32835		
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	GLASHOWER, STEVEN		
4.3 STREET ADDRESS	1070 ALMOND TREE CIR		
4.4 CITY-ST-ZIP	ORLANDO, FL. 32835		
5.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP	ZIP 32835		
6.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	KULP, JAKE		
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP	ZIP 32835		

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: *Susan M. Johnson* SUSAN M. JOHNSON 311197 (407) 297-0844

CP2E037 (9/96)