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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra D. Motham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31621 (8)
1. Corporation Name
HOMEOWNERS OF LA CITA, PHASE II, INC.



Principal Place of Business C/O TOM HEMMINGWAY 2920 LA CITA LANE TITUSVILLE FL 32780	Mailing Address C/O TOM HEMMINGWAY 2920 LA CITA LANE TITUSVILLE FL 32780-3464
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3. Date Incorporated or Qualified 04/10/1989	3a. Date of Last Report 06/20/1996
4. FEI Number 59-2949018	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 LARRY CLARKE	2a. Mailing Address 26 LARRY CLARKE
Suite, Apt. #, etc. 22 740 LAKEWOOD LANE	Suite, Apt. #, etc. 27 740 LAKEWOOD LANE
City & State 23 Titusville, FL	City & State 28 Titusville, FL
Zip 24 32780	Country 25 USA
Zip 29 32780	Country 30 USA

9. Name and Address of Current Registered Agent
**HEMINGWAY, TOM
2920 LA CITA LANE
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent

81 Name LARRY CLARKE
82 Street Address (P.O. Box Number is Not Acceptable) 740 LAKEWOOD LANE
83
84 City Titusville
85 Zip Code FL 32780

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: LARRY CLARKE 5-28-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME HEMINGWAY, TOM	
STREET ADDRESS 2920 LA CITA LANE	
CITY-ST-ZIP TITUSVILLE FL 32780	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME HUNTER, GEORGIA	
STREET ADDRESS 3000 LA CITA LANE	
CITY-ST-ZIP TITUSVILLE FL 32780	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME KETTERER, VICKI	
STREET ADDRESS 650 LAKEWOOD LANE	
CITY-ST-ZIP TITUSVILLE FL 32780	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME HUNTER, GEORGIA	
STREET ADDRESS 3000 LA CITA LANE	
CITY-ST-ZIP TITUSVILLE FL 32780	
TITLE TD	<input type="checkbox"/> DELETE
NAME BROCK, GARVIN	
STREET ADDRESS 730 WINTERGREEN LANE	
CITY-ST-ZIP TITUSVILLE FL 32780	
TITLE D	<input type="checkbox"/> DELETE
NAME CLARKE, LARRY	
STREET ADDRESS 740 LAKEWOOD LANE	
CITY-ST-ZIP TITUSVILLE FL 32780	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME CLARKE, LARRY	
1.3 STREET ADDRESS 740 LAKEWOOD LANE	
1.4 CITY-ST-ZIP Titusville, FL 32780	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME BROCK, GARVIN	
2.3 STREET ADDRESS 730 WINTERGREEN LANE	
2.4 CITY-ST-ZIP Titusville, FL 32780	
3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Cecil O'BRYAN	
3.3 STREET ADDRESS 3070 LA CITA LANE	
3.4 CITY-ST-ZIP Titusville, FL 32780	
4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME JACKIE HENDRIX	
4.3 STREET ADDRESS 2900 LA CITA LANE	
4.4 CITY-ST-ZIP Titusville, FL 32780	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME HEMINGWAY, TOM	
5.3 STREET ADDRESS 2920 LA CITA LANE	
5.4 CITY-ST-ZIP TITUSVILLE, FL 32780	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature]

CR2E037 (9/96)