

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 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 # N48909 (8)
1. Corporation Name
NORTH FORK ESTATES PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business 5541 TEAL TERR. FT PIERCE FL 34982	Mailing Address 5541 TEAL TERR. FT PIERCE FL 34982-3333
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3. Date Incorporated or Qualified 05/12/1992	3a. Date of Last Report 03/13/1996
4. FEI Number 65-0348466	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 1500 MALLARD CT.
22 City & State	27 FORT PIERCE, FL
23 Zip	28 34982
24 Country	29 FL
25	30

9. Name and Address of Current Registered Agent
**PHILLIPS, KENDALL J.
239 S INDIAN RIVER DRIVE
FORT PIERCE FL 34950**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, SAM H.	1.2 NAME	
STREET ADDRESS	5541 TEAL TERR.	1.3 STREET ADDRESS	1500 MALLARD CT.
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	FT. PIERCE, FL 34982
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, GERALDINE L.	2.2 NAME	
STREET ADDRESS	5541 TEAL TERR.	2.3 STREET ADDRESS	1500 MALLARD CT.
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP	FT. PIERCE, FL 34982
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, DAN L	3.2 NAME	
STREET ADDRESS	1720 MALLARD CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Sandra B. Mortham* Date: 4/29/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0071512

CR2E037 (9/96)