

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000005266 (2)

1. Corporation Name

**BURDINES HABITAT HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

10 PALMS PLAZA  
HOMESTEAD FL 33030

P.O. BOX 901509  
HOMESTEAD FL 33030

3. Date Incorporated or Qualified

11/22/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0470898

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name **JAMES "MICKEY" GUEST**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**311 NE 8TH STREET**  
83 **SUITE 109**  
84 City **HOMESTEAD** FL 85 Zip Code **33030**

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]*

**JAMES GUEST, CPA, P.A.**

**3/11/96**

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		<input type="checkbox"/> DELETE
NAME	<b>PD DOLAN, MARY L</b>	
STREET ADDRESS	<b>10 PALMS PLAZA</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	
TITLE		<input type="checkbox"/> DELETE
NAME	<b>SD THOMPSON, SHARON</b>	
STREET ADDRESS	<b>10 PALMS PLAZA</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	
TITLE		<input type="checkbox"/> DELETE
NAME	<b>TD JONES, SELINA</b>	
STREET ADDRESS	<b>10 PALMS PLAZA</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33030</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>200001773232</b>
4.3 STREET ADDRESS	<b>-04/09/96--01016--024</b>
4.4 CITY-ST-ZIP	<b>***61.25</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Mary Lynn Dolan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARY LYNN DOLAN**

4-5-96 (305) 716-8435

Date

Daytime Phone #

CR2E037 (12/95)

*PM 4-8-96*