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 Apr 15 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N94000001245 (9)  
 1. Corporation Name  
 VRC-50 ASSOCIATION, INC.



Principal Place of Business: 6910 WINDSTREAM TERRACE, ORLANDO FL 32818  
 Mailing Address: 6910 WINDSTREAM TERRACE, ORLANDO FL 32818

3. Date Incorporated or Qualified: 03/09/1994  
 4. FEI Number: 59-3269663  
 Applied For: Not Applicable

2. Principal Place of Business: 682 Jamestown Blvd, APT 1303, ALTAMONTE SPRINGS FL 32714, USA  
 2a. Mailing Address: 682 Jamestown Blvd, APT 1303, ALTAMONTE SPRINGS FL 32714, USA

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: STAPLES, CLINT, 6910 WINDSTREAM TERRACE, ORLANDO FL 32818

10. Name and Address of New Registered Agent: CLINT STAPLES, 682 JAMESTOWN BLVD # 1303, ALTAMONTE SPRINGS FL 32714

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: Clint Staples  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)  
 DATE: 4/6/98

12. OFFICERS AND DIRECTORS		19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DT
NAME	RICHARD D. RUYLE	1.2 NAME	Richard D. Ruyle
STREET ADDRESS	RR #1, BOX 126-B	1.3 STREET ADDRESS	RR #1, Box 126 B
CITY-ST-ZIP	DOW IL	1.4 CITY-ST-ZIP	Dow, IL. 62022
TITLE	DS	2.1 TITLE	
NAME	BELANGER, EUGENE	2.2 NAME	
STREET ADDRESS	625 JULIUS STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JEFFERSON LA	2.4 CITY-ST-ZIP	
TITLE	DCT	3.1 TITLE	D
NAME	STAPLES, CLINT	3.2 NAME	STAPLES, CLINT
STREET ADDRESS	6910 WINDSTREAM TERRACE	3.3 STREET ADDRESS	682 JAMESTOWN BLVD # 1303
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	D	4.1 TITLE	DK
NAME	WALTER MILOWIL	4.2 NAME	WALT MILOWIC
STREET ADDRESS	717 CURRITUCK DR	4.3 STREET ADDRESS	717 CURRITUCK DR
CITY-ST-ZIP	RALEIGH N	4.4 CITY-ST-ZIP	Raleigh, NC 27609
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Michael R. Tillery
STREET ADDRESS		5.3 STREET ADDRESS	P.O. Box 161176 (NA)
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SAN DIEGO, CA 92176
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Ronald B. Amick
STREET ADDRESS		6.3 STREET ADDRESS	7668 775TH AVE W.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	OLAK HARBAR WA 98277

14. I 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: CLINT STAPLES  
 Signature and typed or printed name of signing officer or director  
 DATE: 4/6/98  
 Daytime Phone # 407-677-4200

CF2E037 (10/97)

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D Daniel A. Idso <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 111 Summer place Enumclaw, WA 98022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition