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Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004206 (8)
1. Corporation Name
ALPHA 1 NATIONAL ASSOCIATION-FLORIDA CHAPTER, IN C.



Principal Place of Business 3665 E BAY DR STE 204-169 LARGO FL 34641 US	Mailing Address 3665 E BAY DR STE 204-169 LARGO FL 34641 US
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3. Date Incorporated or Qualified
08/24/1994

4. FEI Number
65-0532241

Applied For	
Not Applicable	

2. Principal Place of Business 21 3665 E. BAY DR Suite, Apt. #, etc. 22 STE 204-169 City & State 23 LARGO, FL Zip 24 33771	2a. Mailing Address 26 3665 E. BAY DR. Suite, Apt. #, etc. 27 STE 204-169 City & State 28 LARGO, FL Zip 29 33771	Country 25 US	Country 30 US
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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
**HEERING, RICHARD D.
625 LOIS LANE
BELLEAIR BLUFFS FL 34640**

10. Name and Address of New Registered Agent

81 Name	RICHARD D. HEERING
82 Street Address (P.O. Box Number is Not Acceptable)	625 LOIS LANE
83	
84 City	BELLEAIR BLUFFS FL
85 Zip Code	33770

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 *Richard D. Heering* **PRES. RICHARD D. HEERING** DATE **3-12-98**

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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, JOHN W.	1.2 NAME	
STREET ADDRESS	3326 MARY ST, STE 301	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, GERALD K.	2.2 NAME	
STREET ADDRESS	16209 SKY AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEERING, EVELYNE E.	3.2 NAME	
STREET ADDRESS	625 LOIS LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSEY, SANDY	4.2 NAME	
STREET ADDRESS	13485 SW 108TH ST CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, TERRY L	5.2 NAME	TD
STREET ADDRESS	752 WINFRED DRIVE	5.3 STREET ADDRESS	DORIS HUBAND
CITY-ST-ZIP	ORANGE PARK FL	5.4 CITY-ST-ZIP	3062 WOOLRIDGE AVE
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREMEANS, MAGARET	6.2 NAME	
STREET ADDRESS	2643 MAXWELL DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	6.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DORIS HUBAND
5.3 STREET ADDRESS	3062 WOOLRIDGE AVE
5.4 CITY-ST-ZIP	ORLANDO, FL 32837
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 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: *Doris Huband* **DORIS HUBAND** DATE **3/16/98**

CR2E037 (10/97)