


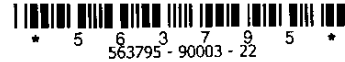
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May 08, 1999 8:00 am
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004315

1. Corporation Name
ARMOUR MANOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 479 TEQUESTA DR UNIT 10 TEQUESTA FL 33469 US	Mailing Address 479 TEQUESTA DR UNIT 10 TEQUESTA FL 33469 US
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2. Principal Place of Business 21 479 Tequesta Dr. Suits, Apt. #, etc.	2a. Mailing Address 26 479 Tequesta Dr. Suits, Apt. #, etc.	3. Date Incorporated or Qualified 08/26/1994
22 Unit 6 City & State	27 Unit 6 City & State	4. FEI Number 65-0649100 Applied For <input type="checkbox"/> Not Applicable
23 Tequesta FL Zip Country	28 Tequesta FL Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 33469 25 USA	29 33469 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent ARMOUR, MONICA I 6 RIO VISTA DR. TEQUESTA FL 33469	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 479 Tequesta Dr. #6 84 City Tequesta, FL 85 Zip Code 33469
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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: *Walter Bednarek* DATE: 4/30/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARMOUR, MONICA I 479 TEQUESTA DR, #10 TEQUESTA FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Pres. Walter Bednarek 479 Tequesta Dr. #6 Tequesta, FL 33469 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ARMOUR, ANDREW E 479 TEQUESTA DR, #10 TEQUESTA FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V.P. James Hoffman 479 Tequesta Dr. #9 Tequesta, FL 33469 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, PATRICK M 810 SATURN ST., STE. 17 JUPITER FL 33477 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secy/Treas James Garrett 479 Tequesta Dr. #7 Tequesta FL 33469 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

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, with or other like empowered.

SIGNATURE: *Walter Bednarek* **WALTER BEDNAREK REQUIRED** DATE: 4-30-99 DAYTIME PHONE #: 561-575-5018

CR2E037 (1/198)