

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N94000004626 (7)**

1. Corporation Name

3071 CONDOMINIUM ASSOCIATION, INCORPORATED



Principal Place of Business 3075 FINSTERWALD DRIVE TITUSVILLE FL 32780	Mailing Address 3075 FINSTERWALD DRIVE TITUSVILLE FL 32780
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3. Date Incorporated or Qualified 09/16/1994	3a. Date of Last Report 10/25/1995
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2. Principal Place of Business 21	2a. Mailing Address 26 696 Oak Hollow Way
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Altamonte Springs, FL
Zip 24	Country 25
	Zip 29 32714
	Country 30 Seminole

4. FEI Number 59-2378716	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**WALLS, SHERRI M
696 OAK HOLLOW WAY
ALTAMONTE SPRINGS FL 32714**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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]* **SHERRI M. WALLS** **SAME AS BEFORE + NO CHANGE** **3-11-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring) DATE

12. OFFICERS AND DIRECTORS

TITLE 12	<input type="checkbox"/> DELETE
NAME 13	WALLS, SHERRI M
STREET ADDRESS 14	696 OAK HOLLOW WAY
CITY - ST - ZIP 15	ALTAMONTE SPRINGS FL 32714
TITLE 16	<input type="checkbox"/> DELETE
NAME 17	WALLS, SCOTT D
STREET ADDRESS 18	696 OAK HOLLOW WAY
CITY - ST - ZIP 19	ALTAMONTE SPRINGS FL 32714
TITLE 20	<input type="checkbox"/> DELETE
NAME 21	COOPER, M. JOANNE
STREET ADDRESS 22	3063 FINSTERWALD DR
CITY - ST - ZIP 23	TITUSVILLE FL 32780
TITLE 24	<input type="checkbox"/> DELETE
NAME 25	CALHOUN, TODD
STREET ADDRESS 26	3075 FINSTERWALD DR
CITY - ST - ZIP 27	TITUSVILLE FL 32780
TITLE 28	<input type="checkbox"/> DELETE
NAME 29	
STREET ADDRESS 30	
CITY - ST - ZIP 31	
TITLE 32	<input type="checkbox"/> DELETE
NAME 33	
STREET ADDRESS 34	
CITY - ST - ZIP 35	

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 type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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	

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[Signature] **3-11-96**

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: *[Signature]* **SHERRI M. WALLS** **3/11/96** **4078843400**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)