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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

3075 FINSTERWALD DRIVE
TITUSVILLE FL 32780

696 OAK HOLLOW WAY
ALTAMONTE SPRINGS FL 32714-1637

3. Date incorporated or Qualified
09/16/1994

3a. Date of Last Report
03/28/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2378716

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fees Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name HARRY G BOWMAN
82 Street Address (P.O. Box Number is Not Acceptable) 3063 FINSTERWALD DRIVE
83
84 City TITUSVILLE FL 85 Zip Code 32780

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 Harry G Bowman, TREASURER, HARRY G BOWMAN 4/24/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALLS, SHERRI M	
STREET ADDRESS	696 OAK HOLLOW WAY	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WALLS, SCOTT D	
STREET ADDRESS	696 OAK HOLLOW WAY	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COOPER, M. JOANNE	
STREET ADDRESS	3063 FINSTERWALD DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CALHOUN, TODD	
STREET ADDRESS	3075 FINSTERWALD DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES A BONVOULOIR	
1.3 STREET ADDRESS	3075 FINSTERWALD DR.	
1.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DERICK N. McCLANNAN	
2.3 STREET ADDRESS	3067 FINSTERWALD DR	
2.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TONI A. McCLAIN	
3.3 STREET ADDRESS	3071 FINSTERWALD DR.	
3.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HARRY G. BOWMAN	
4.3 STREET ADDRESS	3063 FINSTERWALD DR.	
4.4 CITY-ST-ZIP	TITUSVILLE, FL 32780	
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 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: Harry G Bowman and HARRY G BOWMAN 4/24/97 407/383-7915
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0013212

CP2E037 (9/96)