


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

1997 OCT 10 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004790 (0)
 1. Corporation Name
MANGROVE WALK NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business 650 NE 8TH AVENUE BOYNTON BEACH FL 33435	Mailing Address 647 NE 8TH AVENUE BOYNTON BEACH FL 33435
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
23 City & State	28 City & State
Zip Country	Zip Country
24	25
29	30

3. Date Incorporated or Qualified 10/10/1995	3a. Date of Last Report 06/02/1996
4. FEI Number 65-0627719	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No N/A	

9. Name and Address of Current Registered Agent

KONASH, ANASTASIA M
647 NE 8TH AVENUE
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name **JAMES H. DARST**

82 Street Address (P.O. Box Number is Not Acceptable)
750 RIDER ROAD

83 **BOYNTON BEACH**

84 City **BOYNTON BEACH**

85 Zip Code **FL 33435**

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 *James H. Darst* DATE **10-7-97**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DENIHAN, NELLIE S	
STREET ADDRESS	850 NE 8TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	KONASH, ANASTASIA	
STREET ADDRESS	647 NE 8TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHANDLER, LAWRENCE	
STREET ADDRESS	NE 7TH STREET	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DARST, JAMES	
STREET ADDRESS	752 RIDER ROAD	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HEAVLIN, JEANNE	
STREET ADDRESS	734 NE 9TH AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

800002320765-0 Addition

-10/15/97--01052--010

*******61.25 *****61.25**

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		

4/10/97

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 *James H. Darst* DATE **10-7-97**


CP2E037 (4/97)

October 8, 1997

Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, Fl. 32302-1500

To Whom It May Concern

I'm extremely upset about the lateness of this report. The person who was responsible for completing this report did nothing and resigned from the association. We are a non-profit association and cannot afford a late fee. I have been named as the new Registered Agent and was one of the original founders of the association. I will make sure that these reports get filed on time in the future. Please allow us to pay the normal fee which I have enclosed. Thank you for your consideration.


James H. Darst
Vice President and Director
Mangrove Walk