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Jan 31 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 # N96000002900 (6)
1. Corporation Name

ALAMAR VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2345 SE 17TH ST.
OCALA FL 34471

2345 SE 17TH ST.
OCALA FL 34471-2620

3. Date Incorporated or Qualified
05/24/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1224 S.E. Ft. King St.

27 1224 S.E. Ft. King St.

City & State

City & State

23 Ocala, FL

28 Ocala, FL

Zip

Country

Zip

Country

24 34471

25

29 34471

30

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRAKE, ROBERT P
2345 SE 17TH ST.
OCALA FL 34471

81 Name
DRAKE, ROBERT P

82 Street Address (P.O. Box Number is Not Acceptable)
1224 S.E. Ft. King St.

83

84 City
Ocala

FL

85 Zip Code
34471

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, 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 DP DELETE
NAME DRAKE, ROBERT P
STREET ADDRESS 2345 SE 17TH ST.
CITY-ST-ZIP Ocala FL 34471

1.1 TITLE DP Change Addition
1.2 NAME DRAKE, ROBERT P.
1.3 STREET ADDRESS 1224 S.E. Ft. King St.
1.4 CITY-ST-ZIP Ocala FL 34471

TITLE DST DELETE
NAME DEBOLT, MARK
STREET ADDRESS 2345 SE 17TH ST.
CITY-ST-ZIP Ocala FL 34471

2.1 TITLE DST Change Addition
2.2 NAME DEBOLT, MARK
2.3 STREET ADDRESS 1224 S.E. Ft. King St.
2.4 CITY-ST-ZIP Ocala FL 34471

TITLE D DELETE
NAME DRAKE, LEE A
STREET ADDRESS 2345 SE 17TH ST.
CITY-ST-ZIP Ocala FL 34471

3.1 TITLE D Change Addition
3.2 NAME ETHRIDGE, MIKE
3.3 STREET ADDRESS 1101 S.E. 56th Ct
3.4 CITY-ST-ZIP Ocala FL 34471

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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: *[Signature]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97
Date

352-867-8138
Daytime Phone # 0068673

CR2E037 (9/96)