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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 # 729879

1. Corporation Name

EARMAN VILLAS ASSOCIATION, INC.

Principal Place of Business
510 PROSPERITY FARMS RD.
NORTH PALM BEACH FL 33408

Mailing Address
9121 N. MILITARY TRAIL
SUITE 222
PALM BEACH GARDENS FL 33410
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/29/1974	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1650090	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent

HOPKINS, MARY S
9121 N. MILITARY TR., #222
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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, 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	SD	1.1 TITLE	SD
NAME	BECKMAN, MARY A	1.2 NAME	Gerolyn Jenkins
STREET ADDRESS	813 HUMMINGBIRD WAY @2-A	1.3 STREET ADDRESS	813 Hummingbird Way @ 6A
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	1.4 CITY-ST-ZIP	North Palm Beach, FL, 33408
TITLE	PD	2.1 TITLE	W
NAME	WALSH, GEORGE S	2.2 NAME	ARTHUR Morris
STREET ADDRESS	510 PROSPERITY FARMS RD #5B	2.3 STREET ADDRESS	809 Hummingbird Way @ 1C
CITY-ST-ZIP	N PALM BEACH FL 33408	2.4 CITY-ST-ZIP	North Palm Beach, FL, 33408
TITLE	VD/PD	3.1 TITLE	
NAME	SANDERSON, DAVID	3.2 NAME	
STREET ADDRESS	14092 PORT CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GDNS FL 33410	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	BAZIENSKI, SANDRA	4.2 NAME	
STREET ADDRESS	813 HUMMINGBIRD WAY #5A	4.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL 33408	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED** David Sanderson JAN 26, 1999 561-622-8163
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Daytime Phone #

CR2E037 (11/98)