


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 702631 (3) 1. Corporation Name ORANGE CITY TERRACE CIVIC ASSOCIATION, INC.					
Principal Place of Business SOUTH WILLIAMS AVE. P. O. BOX 740935 ORANGE CITY FL 32774-7935			Mailing Address SOUTH WILLIAMS AVE. P. O. BOX 740935 ORANGE CITY FL 32774-7935		
2. Principal Place of Business 21 510 S. WILLIAMS Suite, Apt. #, etc. 22		2a. Mailing Address 26 S. WILLIAMS AVE Suite, Apt. #, etc. 27 P.O. Box 740935		3. Date Incorporated or Qualified 06/30/1961 4. FEI Number 59-6224600	
City & State 23 ORANGE City, FL. Zip 24 32763		City & State 28 ORANGE City, FL. Zip 29 32763		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 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MMEL, HARRY 835 WILLIAMS AVENUE ORANGE CITY FL 32763			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	GASKILL, L.M.				
STREET ADDRESS	101 GRAND PLAZA DRIVE				
CITY-ST-ZIP	ORANGE CITY FL				
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	GASKILL, L.M.				
STREET ADDRESS	101 GRAND PLAZA DRIVE				
CITY-ST-ZIP	ORANGE CITY FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	HANSON, HERBERT H				
STREET ADDRESS	1155 W. BLUE SPRINGS AVE.				
CITY-ST-ZIP	ORANGE CITY FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	FORCUM, BEA				
STREET ADDRESS	526 CHARLES AVE				
CITY-ST-ZIP	ORANGE CITY FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	POWELL, PATRICIA				
STREET ADDRESS	1205 W. BLUE SPRINGS AVE.				
CITY-ST-ZIP	ORANGE CITY, FL 00000				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	CROOKE, MARY R				
STREET ADDRESS	101 GRAND PLAZA DR., APT. D				
CITY-ST-ZIP	ORANGE CITY, FL 00000				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	BEA FORCUM				
1.3 STREET ADDRESS	526 CHARLES AVE				
1.4 CITY-ST-ZIP	ORANGE City, FL.				
2.1 TITLE	TD SUSAN BOWEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS	540 Cypress Ave				
2.4 CITY-ST-ZIP	Orange City, FL 32763				
3.1 TITLE	SD PATRICIA POWELL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS	1205 W. BLUE SPRINGS AVE				
3.4 CITY-ST-ZIP	ORANGE City, FL 32763				
4.1 TITLE	D HERBERT HANSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS	1155 W. BLUE SPRINGS AVE				
4.4 CITY-ST-ZIP	ORANGE City, FL.				
5.1 TITLE	D MARGARET POWER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS	415 PALIN AVE				
5.4 CITY-ST-ZIP	ORANGE City, FL. 32763				
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 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: _____

3/9/98

CR2E037 (1097)