

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 718783 (4)**  
 1. Corporation Name  
**THE BILLOWS ASSOCIATION, INC.**



Principal Place of Business <b>ELLIOTT MERRILL COMMUNITY MGMT 1105 12TH ST VERO BEACH FL 32960 US</b>	Mailing Address <b>ELLIOTT MERRILL COMMUNITY MGMT 1105 12TH ST VERO BEACH FL 32960 US</b>
--	--

3. Date Incorporated or Qualified  
**07/02/1970**

4. FEI Number  
**59-1300505**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**ELLIOTT, RICHARD D. MGM**  
**1105 12TH STREET**  
**VERO BEACH FL 32960**

DATE \_\_\_\_\_  
 CHECK # \_\_\_\_\_  
 AMOUNT \_\_\_\_\_

10. Name and Address of New Registered Agent

81 Name \_\_\_\_\_  
 82 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 83 \_\_\_\_\_  
 84 City \_\_\_\_\_  
 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOELLER, GWEN</b>	1.2 NAME	
STREET ADDRESS	<b>1180 REEF RD., A-17</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILL, ROBERT</b>	2.2 NAME	<b>VPO</b>
STREET ADDRESS	<b>1180 REEF RD., A-23</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLARK, STEPHEN</b>	3.2 NAME	<b>P.D. GASSER Contact</b>
STREET ADDRESS	<b>1180 REEF RD B-5</b>	3.3 STREET ADDRESS	<b>1180 Reef Rd B-4</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>	3.4 CITY-ST-ZIP	<b>VERO BEACH, FL</b>
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WARDLAW, KRIS</b>	4.2 NAME	<b>MURPHY, JOHN</b>
STREET ADDRESS	<b>1180 REEF ROAD, A-25</b>	4.3 STREET ADDRESS	<b>1180 Reef Rd, A-18</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>	4.4 CITY-ST-ZIP	<b>VERO BEACH, FL</b>
TITLE	<b>VPO</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TORRENCE, EDWIN</b>	5.2 NAME	<b>D Keegan Pat</b>
STREET ADDRESS	<b>1180 REEF ROAD B-2</b>	5.3 STREET ADDRESS	<b>1180 Reef Rd B-2</b>
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	5.4 CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Robert C. Gasser* **ROBERT C. GASSER** 4/10/98 (561)234-3733

CP2E037 (10/97)