

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 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 # 739190 (7)

1. Corporation Name

PORT MALABAR HOLIDAY PARK PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

215 HOLIDAY PARK BLVD., N.E.
PALM BAY FL 32907

215 HOLIDAY PARK BLVD., N.E.
PALM BAY FL 32907-2196

3. Date Incorporated or Qualified
05/31/1977

3a. Date of Last Report
03/14/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1778604

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

6. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINHO, EDWARD
173 HOLIDAY PARK BLVD, NE
PALM BAY FL 32907

81 Name Marion White

82 Street Address (P.O. Box Number is Not Acceptable)
1158 Greenview Ct. N.E.

83 City, State, and Zip
Palm Bay, FL 32907

84 City Palm Bay FL 85 Zip Code 32907

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

Marion White MARION WHITE

5/9/97

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

T DELETE
NAME ROCK JEAN A
STREET ADDRESS 1180 LINDSAY CT NE
CITY - ST - ZIP PALM BAY, FL 00000

1.1 TITLE Change Addition
1.2 NAME T
1.3 STREET ADDRESS Gloria Haase
1.4 CITY - ST - ZIP 405 Holiday Pk, Blvd. N.E.
Palm Bay, FL 32907

D DELETE
NAME RICHARD BEELEY
STREET ADDRESS 111 GREEN VIEW CT, NE
CITY - ST - ZIP PALM BAY FL

2.1 TITLE Change Addition
2.2 NAME Change of Street No.
2.3 STREET ADDRESS 1175 Greenview Ct.
2.4 CITY - ST - ZIP

D DELETE
NAME HICKS, JAMES
STREET ADDRESS 316 HOLIDAY PARK BV NE
CITY - ST - ZIP PALM BAY FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

D DELETE
NAME PINARD, SHIRLEY
STREET ADDRESS 1043 MOONLIGHT CT, NE
CITY - ST - ZIP PALM BAY FL

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

DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME 300002190743
6.3 STREET ADDRESS -05/27/97--01006--014
6.4 CITY - ST - ZIP ***61.25

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 *Richard Beeley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 2018600

CR2E037 (9/96)