


FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739190 (7)**

1. Corporation Name  
**PORT MALABAR HOLIDAY PARK PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business <b>215 HOLIDAY PARK BLVD., N.E. PALM BAY FL 32907</b>	Mailing Address <b>215 HOLIDAY PARK BLVD., N.E. PALM BAY FL 32907-2196</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/31/1977</b>	3a. Date of Last Report <b>03/14/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1778604</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PINHO, EDWARD**  
**179 HOLIDAY PARK BLVD, NE**  
**PALM BAY FL 32907**

10. Name and Address of New Registered Agent

81. Name **Marion White**

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

83. City **Palm Bay** FL **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** DATE **5/9/97**

(NOTE: Registered Agent signature required when re-nating)

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROCK JEAN A</b>	
STREET ADDRESS	<b>1180 LINDSKY CT NE</b>	
CITY-ST-ZIP	<b>PALM BAY, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RICHARD BEELEY</b>	
STREET ADDRESS	<b>111 GREEN VIEW CT, NE</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HICKS, JAMES</b>	
STREET ADDRESS	<b>316 HOLIDAY PARK BV NE</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PINARD, SHIRLEY</b>	
STREET ADDRESS	<b>1043 MOONLIGHT CT, NE</b>	
CITY-ST-ZIP	<b>PALM BAY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Gloria Haase</b>	
1.3 STREET ADDRESS	<b>405 Holiday Pk Blvd. N.E.</b>	
1.4 CITY-ST-ZIP	<b>Palm Bay, FL 32907</b>	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Change of Street No.</b>	
2.3 STREET ADDRESS	<b>1175 Greenview Ct.</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>300002190743</b>	
6.3 STREET ADDRESS	<b>-05/27/97--01006--014</b>	
6.4 CITY-ST-ZIP	<b>***61.25</b>	

*405/14/97*

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 *Richard Beeley*

CR2E037 (9/96)