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\$61.25 - \$61.25

FEE IS \$61.25

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90077 020 ****61.25

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # 739190

1. Corporation Name

PORT MALABAR HOLIDAY PARK PROPERTY OWNERS' ASSOC
IATION, INC.

Principal Place of Business
215 HOLIDAY PARK BLVD., N.E.
PALM BAY FL 32907

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

3 1 8 7 8 7 *
318707 - 90033 - 1



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
			05/31/1977
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
			59-1778604
23	City & State	City & State	5. Certificate of Status Desired
			<input type="checkbox"/> \$8.75 Additional Fees Required
24	Zip	Country	25
			26
24	Zip	Country	28
			29
			30
			6. Election Campaign Financing Trust Fund Contribution
			<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WHITE, MARION 1158 GREENVIEW CT. N.E. PALM BAY FL 32907		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 Marion A. White DATE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T	HAASE, GLORIA 405 HOLIDAY PK. BLVD.N.E. PALM BAY FL 32907	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	RICHARD BEELEY 1175 GREENVIEW CT. PALM BAY FL 32907	1.2 NAME	
D	HICKS, JAMES 316 HOLIDAY PARK BV NE PALM BAY FL	1.3 STREET ADDRESS	
D	PINARD, SHIRLEY 1043 MOONLIGHT CT, NE PALM BAY FL	1.4 CITY-ST-ZIP	
		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		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	
		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)(l), 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 REQUIRED Gloria Haase 3-10-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)