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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749061 (8)
1. Corporation Name
FLYING LITTLE RIVER HOME OWNER'S ASSOCIATION, IN C.

Principal Place of Business P.O. BOX 81 MCALPIN FL 32062 US	Mailing Address P.O. BOX 81 MCALPIN FL 32062-0081 US
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/25/1979	3a. Date of Last Report 02/16/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2542409	Applied For <input type="checkbox"/> Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CEPPA, EDWARD
RT 1 BOX 158
MCALPIN FL 32062**

10. Name and Address of New Registered Agent

81 Name ROBERT E. LAUNT
82 Street Address (P.O. Box Number is Not Acceptable) 18640 73RD PLACE
83 MCALPIN, FL 32062
84 City FL
85 Zip Code 32062

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 *X [Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **4-27-97**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STURTEVANT, JAMES RT 1 BOX 149 MCALPIN FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITCHELL, LOIS RT 1 BOX 100 MCALPIN FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACFARLANE, LUCIA RT 1 BOX 280 MCALPIN FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FICKLING, PENNIE RT 1 BOX 163-5 MCALPIN FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAUNT, ROBERT RR 1 BOX 177 MCALPIN FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACURDY, HAROLD RR 1 BOX 158 MCALPIN FL <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT/DIRECTOR PENNIE FICKLING 18603 75TH PLACE MCALPIN, FL 32062 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VICE PRES./DIRECTOR CAROL HARTMAN 18433 73RD PLACE MCALPIN, FL 32062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TREASURER/DIRECTOR ROBERT LAUNT 18640 73RD PLACE MCALPIN, FL 32062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DIRECTOR JAMES STURTEVANT 18204 77TH PLACE MCALPIN, FL 32062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DIRECTOR PETE ASHLEY 762 CALIFORNIA WOODS CIRCLE ORLANDO, FL 32824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DIRECTOR MARILYN MARSON 8475 S.W. 141ST ST. MIAMI, FL 33158-1044 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *X [Signature]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97
Date

904-963-8452
Daytime Phone #0001739

CP2E037 (9/96)