


FILE NOW: FILING FEE IS \$61.25

FILED

May 14 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
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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 US
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3. Date Incorporated or Qualified <b>09/25/1979</b>	4. FEI Number <b>59-2542409</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

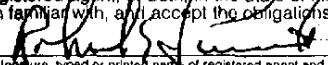
9. Name and Address of Current Registered Agent

**LAUNT, ROBERT E**  
**40040 73RD PLACE**  
**MCALPIN FL 32062**

10. Name and Address of New Registered Agent

81 Name <b>ROBERT E. LAUNT</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>18472 73rd Place</b>
83 City <b>MCALPIN</b>
84 State <b>FL</b>
85 Zip Code <b>32062</b>

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  **4-27-98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FICKLING, PENNIE	
STREET ADDRESS	18803 75TH PLACE	
CITY-ST-ZIP	MCALPIN FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	HARTMAN, CAROL	
STREET ADDRESS	18433 73RD PLACE	
CITY-ST-ZIP	MCALPIN FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAUNT, ROBERT	
STREET ADDRESS	18840 73RD PLACE	
CITY-ST-ZIP	MCALPIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STURTEVANT, JAMES	
STREET ADDRESS	18204 77TH PLACE	
CITY-ST-ZIP	MCALPIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ASHLEY, PETE	
STREET ADDRESS	762 CALIFORNIA WOODS CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARSON, MARILYN	
STREET ADDRESS	8475 SW 141ST ST	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES NEWBIGIN	
1.3 STREET ADDRESS	18053 75TH PLACE	
1.4 CITY-ST-ZIP	MCALPIN, FL 32062	
2.1 TITLE	VICE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TRUMAN CARR	
2.3 STREET ADDRESS	1224 IRVIN AVENUE	
2.4 CITY-ST-ZIP	LIVE OAK, FLA 32060	
3.1 TITLE	TREASURER/DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROBERT LAUNT	
3.3 STREET ADDRESS	18472 73RD PLACE	
3.4 CITY-ST-ZIP	MCALPIN, FLA 32062	
4.1 TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PETE ASHLEY	
4.3 STREET ADDRESS	762 CALIFORNIA WOODS CIRCLE	
4.4 CITY-ST-ZIP	ORLANDO, FLA 32824	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CAROL HARTMAN	
5.3 STREET ADDRESS	18433 73RD PLACE	
5.4 CITY-ST-ZIP	MCALPIN, FLA 32062	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LOIS MITCHELL	
6.3 STREET ADDRESS	7911 182ND PLACE	
6.4 CITY-ST-ZIP	MCALPIN, FLA 32062	

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:  **4-27-98** 904-963-3452

CR2E037 (10/97)