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Feb 27 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 # 752229 (5)
1. Corporation Name
V.F.W. POST NO. 3227, HOME ASSOCIATION

Principal Place of Business Mailing Address
915 NEW YORK AVE ST CLOUD FL 34769-3361 915 NEW YORK AVE ST CLOUD FL 34769-3361



2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 04/29/1980 3a. Date of Last Report 01/25/1996
4. FEI Number 59-1861954 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CIANCIOTTA, ANTHONY P.
1117 MONROE AVE.
ST. CLOUD FL 34769

10. Name and Address of New Registered Agent
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 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	
TITLE	P	1.1 TITLE	
NAME	CIANCIOTTA, ANTHONY P.	1.2 NAME	
STREET ADDRESS	1117 MONROE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	STURGEON, GEORGE	2.2 NAME	
STREET ADDRESS	1616 MARYLAND AVE.,	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	MAZZEI, FRANK S.	3.2 NAME	
STREET ADDRESS	300 LAPAZ DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	ANDERSON, JOSEPH	4.2 NAME	SCOTT, JAMES I., JR.
STREET ADDRESS	1001 WALNUT ST.	4.3 STREET ADDRESS	166 ZACALO WAY
CITY-ST-ZIP	ST. CLOUD FL	4.4 CITY-ST-ZIP	KISSIMMEE, FL 34743
TITLE	CD	5.1 TITLE	
NAME	SWANSON, CHARLES	5.2 NAME	
STREET ADDRESS	2670 ANN AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	GOLDSMITH, ROE	6.2 NAME	
STREET ADDRESS	5620-36 LAKE LIZZI	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	6.4 CITY-ST-ZIP	

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 MAZZEI Frank S. 2-12-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070376

CR2E037 (9/96)