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Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90149 008 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 752229**

1. Corporation Name  
**V.F.W. POST NO. 3227, HOME ASSOCIATION**

Principal Place of Business 915 NEW YORK AVE ST CLOUD FL 34769-3361	Mailing Address 915 NEW YORK AVE ST CLOUD FL 34769-3361
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2. Principal Place of Business 21 <b>915 New York Ave</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>Same</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>04/29/1980</b>
22	27	4. FEI Number <b>59-1861954</b> Applied For Not Applicable
23 City & State <b>St. Cloud Osceola</b>	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip <b>34769</b> 25 Country	29 Zip Country	30 Country
24 <b>71. 34769</b> 25		29 <b>30</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		

9. Name and Address of Current Registered Agent

**GOLDSMITH, ROE D  
5620 LAKE LIZZIE DR  
LOT 36  
ST CLOUD FL 34771**

10. Name and Address of New Registered Agent

81 Name <b>Charles Hodgins</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>St. Cloud</b> FL 85 Zip Code <b>34769</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 *John F. Murphy* **John F. Murphy** *Quartermaster* DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOLDSMITH, ROE D</b>	
STREET ADDRESS	<b>5620 LAKE LIZZIE DR LOT 36</b>	
CITY-ST-ZIP	<b>ST. CLOUD FL 34771</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>STURGEON, GEORGE</b>	
STREET ADDRESS	<b>1616 MARYLAND AVE.</b>	
CITY-ST-ZIP	<b>ST. CLOUD FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>MURPHY, JOHN F</b>	
STREET ADDRESS	<b>1700 EASTERN AVE</b>	
CITY-ST-ZIP	<b>ST CLOUD FL 34769</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>CONSTANTINI, BRUNO G</b>	
STREET ADDRESS	<b>3620 CLEOPATRA</b>	
CITY-ST-ZIP	<b>ST CLOUD FL</b>	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	<b>SWANSON, CHARLES</b>	
STREET ADDRESS	<b>2670 ANN AVE.</b>	
CITY-ST-ZIP	<b>KISSIMEE FL</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>CONBOY, DAVID L</b>	
STREET ADDRESS	<b>4945 SPIRAL WAY</b>	
CITY-ST-ZIP	<b>ST. CLOUD FL 34769</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Comdr. Charles Hodgins</b>
1.3 STREET ADDRESS	<b>12 Wyoming Ave.</b>
1.4 CITY-ST-ZIP	<b>St. Cloud, FL 34769</b>
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)(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, with all other like empowered.

SIGNATURE: *Charles Hodgins* **Charles Hodgins** *892-6761*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)