

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754469 (5)
1. Corporation Name
NORTH VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1 TURTLE BEACH RD.
VERO BEACH FL 32963 1 TURTLE BEACH RD.
VERO BEACH FL 32963

3. Date Incorporated or Qualified 10/03/1980 3a. Date of Last Report 04/24/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2344393	Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE, MICHAEL L
1 TURTLE BEACH RD.
VERO BEACH FL 32963

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	TD	1.1 TITLE	
NAME	DAYTON, MRS. EDWARD N.	1.2 NAME	
STREET ADDRESS	777 SEA OAK DR #729	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	MCILWAIN ROBERT H	2.2 NAME	
STREET ADDRESS	777 SEA OAK DR #727	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN RVR SHR. FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	SCHAFER, EDMUND	3.2 NAME	
STREET ADDRESS	777 SEA OAK DR #714	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	PAYNE, HENRY E. III	4.2 NAME	
STREET ADDRESS	777 SEA OAK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN RVR SHR. FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	AS
NAME	ROSE MICHAEL L	5.2 NAME	
STREET ADDRESS	1 TURTLE BEACH RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	
NAME	BARKER, JOHN E.	6.2 NAME	
STREET ADDRESS	1 TURTLE BEACH RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael L. Rose April 16, 1996 407-231-1666

Date

Daytime Phone #

CR2E037 (12/95)