


FILED

Apr 15 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 # 761408 (4)
1. Corporation Name
RESTON HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
RT. 3 BOX 4500 RESTON
HAVANA FL 32333-9555

Mailing Address
RT. 3 BOX 4500 RESTON
HAVANA FL 32333-9581

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 32333-9581 25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 32333-9555 30 Country

3. Date Incorporated or Qualified
01/11/1982
3a. Date of Last Report
04/02/1996
4. FEI Number
59-2105431
5. Certificate of Status Desired
6. Election Campaign Financing
Trust Fund Contribution
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Applied For
Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees
Yes No

9. Name and Address of Current Registered Agent
MOSLER, D'ANN
RT. 3, BOX 3932 RESTON
HAVANA FL 32333-9555

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL


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
1.1 TITLE PD
1.2 NAME MCCARDLE, RON
1.3 STREET ADDRESS RT 3 BOX 4067 N/A
1.4 CITY-ST-ZIP HAVANA, FL 00000
1.5 TITLE SD
1.6 NAME RANDLE, MARGIT
1.7 STREET ADDRESS RT 3 BOX 3923 N/A
1.8 CITY-ST-ZIP HAVANA, FL 00000
1.9 TITLE TD
1.10 NAME COX, JOANNE
1.11 STREET ADDRESS RT 3 BOX 3808 N/A
1.12 CITY-ST-ZIP HAVANA FL
1.13 TITLE
1.14 NAME
1.15 STREET ADDRESS
1.16 CITY-ST-ZIP
1.17 TITLE
1.18 NAME
1.19 STREET ADDRESS
1.20 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
2.1 TITLE PD
2.2 NAME AMALIA KANE-CRAWFORD
2.3 STREET ADDRESS RT 3 Box 3946 N/A
2.4 CITY-ST-ZIP HAVANA, FL 32333
2.5 TITLE VDS
2.6 NAME BEN SPIVEY
2.7 STREET ADDRESS RT. 3 BOX 4074 N/A
2.8 CITY-ST-ZIP HAVANA, FL 32333
2.9 TITLE TD
2.10 NAME Mae Lynn McCardle
2.11 STREET ADDRESS RT. 3 Box 4067 N/A
2.12 CITY-ST-ZIP HAVANA, FL 32333
2.13 TITLE
2.14 NAME
2.15 STREET ADDRESS
2.16 CITY-ST-ZIP
2.17 TITLE
2.18 NAME
2.19 STREET ADDRESS
2.20 CITY-ST-ZIP

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CR2E037 (9/96)

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.