


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **762786** (2)
1. Corporation Name
UNITED RESIDENTS OF BEVERLY HILLS, INCORPORATED

Principal Place of Business C/O WALSH, JOHN 315 S. BARBOUR ST BEVERLY HILLS FL 34465 US	Mailing Address PO BOX 640089 BEVERLY HILLS FL 34464 US
---	---

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
---	--

3. Date Incorporated or Qualified 04/08/1982	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**REAVES, JEANET
8 ARIZONA STREET
BEVERLY HILLS FL 32005**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	MIRANDETTE, STEVE
STREET ADDRESS	507 S JEFFERSON ST
CITY-ST-ZIP	BEVERLY HILLS FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	MIKUTEL, JOHN
STREET ADDRESS	111 W. GOLDENTUFT CT
CITY-ST-ZIP	BEVERLY HILLS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KLAVANS, WALTER
STREET ADDRESS	412 W BLUEFLAX CT
CITY-ST-ZIP	BEVERLY HILLS FL
TITLE	T <input type="checkbox"/> DELETE
NAME	LEE, K. T
STREET ADDRESS	952 W. BEAKRUSH LANE
CITY-ST-ZIP	BEVERLY HILLS FL
TITLE	S <input type="checkbox"/> DELETE
NAME	REAVES, JEANET
STREET ADDRESS	8 ARIZONA ST.
CITY-ST-ZIP	BEVERLY HILLS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BAFFUTO, JOHN
STREET ADDRESS	331 S. BARBOUR ST.
CITY-ST-ZIP	BEVERLY HILLS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P WALSH, JOHN
1.3 STREET ADDRESS	315 S. BARBOUR ST
1.4 CITY-ST-ZIP	BEVERLY HILLS FL 34465
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.

SIGNATURE: *JEANET REAVES* 4/30/98 352-746-1350

CR2E037 (10/97)