

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 # 764943 (7)
1. Corporation Name
EXECUTIVE PARK TOWNOFFICE ASSOCIATION, INC.



Principal Place of Business
**1 11TH AVE.
SHALIMAR CENTER JE-2
SHALIMAR FL 32579
US**

Mailing Address
**1 11TH AVE.
SHALIMAR CENTRE E-2
SHALIMAR FL 32579
US**

3. Date Incorporated or Qualified **09/09/1982** 3a. Date of Last Report **02/27/1995**

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	4. FEI Number 59-2373605	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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**WHITE, RICHARD J.
91 COUNTRY CLUB RD.
SHALIMAR FL 32579**

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 the if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WHITWORTH, LEO A.	
STREET ADDRESS	105 AUBURN AVE.	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KISER, JAMES	
STREET ADDRESS	533 ELGIN PKWY. NE.	
CITY-ST-ZIP	FT. WALTON BCH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WHITE, RICHARD J.	
STREET ADDRESS	91 COUNTRY CLUB RD.	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PURYEAR, GEORGE E.	
STREET ADDRESS	228 AMBERJACK DR.	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LARSON, LOWELL C.	
STREET ADDRESS	817 PINEDALE RD.	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN SR., ROBERT L.	
STREET ADDRESS	11 RACETRACK RD NE #F	
CITY-ST-ZIP	FT. WALTON BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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

DATE

Daytime Phone #

CF2E037 (12/95)