


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90007 049 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 767491					
1. Corporation Name CORLEY ISLAND HOMEOWNERS ASSOC., INC.					
Principal Place of Business 138 KINGS BLVD LEESBURG FL 34748 US			Mailing Address 138 KINGS BLVD LEESBURG FL 34748 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/15/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2871839	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MERRICK, LOUISE A. 47 HILLCREST LANE LEESBURG FL 34748				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 LOUISE A. MERRICK, SECRETARY DATE 1-6-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	O'GORMAN, JOE			1.2 NAME	BILL AGUE		
STREET ADDRESS	168 CROWN DRIVE			1.3 STREET ADDRESS	131 KINGS BLVD		
CITY-ST-ZIP	LEESBURG FL 34748			1.4 CITY-ST-ZIP	LEESBURG, FL 34748		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CONFER, VIRGINIA			2.2 NAME	RALPH CLARKE		
STREET ADDRESS	244 PRINCE DR			2.3 STREET ADDRESS	171 CROWN DR		
CITY-ST-ZIP	LEESBURG FL 34748			2.4 CITY-ST-ZIP	LEESBURG, FL 34748		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	THOMPSON, HELEN			3.2 NAME	GAYLE SHULTS		
STREET ADDRESS	119 QUEENS DRIVE			3.3 STREET ADDRESS	240 PRINCE DR		
CITY-ST-ZIP	LEESBURG FL 34748			3.4 CITY-ST-ZIP	LEESBURG, FL 34748		
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RADKE, EILEEN			4.2 NAME			
STREET ADDRESS	79 HILLCREST LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL 34748			4.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERRICK, LOUISE			5.2 NAME			
STREET ADDRESS	47 HILLCREST LANE			5.3 STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELANSON, PEG			6.2 NAME			
STREET ADDRESS	65 HILLCREST LANE			6.3 STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL 34748			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: Louise A. Merrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99 3523269118

Date

Daytime Phone #

CR2E037 (11/98)