

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **843212** (2)
1. Corporation Name
ELIADA HOMES, INC.



Principal Place of Business P.O. BOX 16708 2 COMPTON DRIVE ASHEVILLE NC 28816	Mailing Address P.O. BOX 16708 2 COMPTON DRIVE ASHEVILLE NC 28816
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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
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3. Date Incorporated or Qualified 05/11/1979	4. FEI Number 56-0611587	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 checked="" 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 checked="" type="checkbox"/> No	N/A	

9. Name and Address of Current Registered Agent GIMON, ALEXANDER 13569 91ST AVENUE NORTH SEMINOLE FL 34646
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 City 85 Zip Code FL
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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	
TITLE	<input type="checkbox"/> DELETE
NAME	D GRANT, JAMES A
STREET ADDRESS	300 LONG SHOALS RD, 2-K
CITY-ST-ZIP	ARDEN NC 28704
TITLE	<input type="checkbox"/> DELETE
NAME	D ANDERS, RAY E.
STREET ADDRESS	110 LEES CREEK RD.
CITY-ST-ZIP	ASHEVILLE NC
TITLE	<input type="checkbox"/> DELETE
NAME	D BROOKS, DARRELL F
STREET ADDRESS	346 RED FOX CIRCLE
CITY-ST-ZIP	ASHEVILLE NC
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	LIST ATTACHED
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: _____
1-19-98 704-154-5357

CR2E037 (1097)

**BOARD OF TRUSTEES
ELIADA HOMES, INC.
1997 - 1998**

- D* Anders, Ray E.
110 Lees Creek Road
Asheville NC 28806
✓ Land Surveyor
Class of 1998
- D* Brooks, Darrell F.
✓ 346 Red Fox Drive
Asheville NC 28803
Owner, Brooks Forms & Systems
Class of 2000
- D* Demos, Michael S.
✓ 5 Foster Drive
Asheville NC 28806
Real Estate
Class of 1997
- D* Gouge, Mrs. Molly
✓ 35 Braddock Way
Asheville NC 28803
Vice President Adult
Medicine, MSJHS
Class of 2000
- D* Goodrum, Dr. Smith
932 Hendersonville Road
Asheville NC 28803
PhD, Clinical Psychologist
Class of 1999
- D* Grant, James A.
✓ 300 Long Shoals Road, 2-K
Arden NC 28704
State Victim & Community Serv.
Class of 1998
- C/D* Grant, Richard A.
12 Holly Hill Road
Asheville NC 28803
Builder, Beverly-Grant, Inc.
Class of 1998
Chairman
- D* Gregg, Henry T., Jr.
766 Crooked Creek Road
Hendersonville NC 28739
Retired from General Electric
Class of 1999
Immediate Past Chairman
- D* Gunter, Mrs. Nora
785 Hendersonville Road
Asheville NC 28803
Retired from United Way
Class of 1999
- D* Harbin, Ms. Cynthia C.
179 Edgewood Road
Asheville NC 28804
Attorney - Class of 1998
- D* Higdon, John A.
337 Vanderbilt Road
Asheville NC 28803
Retired Media
Class of 1999
- D* Isgrig, John M.
27 Forest Knoll Drive
Weaverville NC 28787
Owner, Financial Services
Class of 1999
- ✓/D* Kelley, Timothy A.
3 Scenic View
Weaverville NC 28787
CPA - Class of 1998
Chairman Elect
- S/D* Mundy, Reverend Robbin
443 Creekside Drive
Weaverville NC 28787
Minister of Education &
Children
Class of 2000
Secretary
- T/D* Willett, Michael J.
5 Wedgewood Court
Arden NC 28704
Retail Banking Manager
Class of 2000
Treasurer
- D* Williams, Mrs. Robbie J.
10 Mayfair Place
Arden NC 28704
Owner, A Vision of You
Class of 1997