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FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04182 (4)
1. Corporation Name
EVANS ACRES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business MANNA M. STOLLSTEIMER 14415 ANGUS ROAD POLK CITY FL 33868 US	Mailing Address MANNA M. STOLLSTEIMER 14415 ANGUS ROAD POLK CITY FL 33868 US
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3. Date Incorporated or Qualified 07/13/1984
4. FEI Number 59-2955342
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Jacqueline Furlong Suite, Apt. #, etc. 22 15190 Angus Rd. City & State 23 Polk City FL Zip 24 33868	2a. Mailing Address 25 Jacqueline Furlong Suite, Apt. #, etc. 26 15190 Angus Rd. City & State 27 Polk City FL Zip 28 33868	29 Polk Co.	30 Polk Co.
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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 checked="" 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 EVANS, WILLIAM E. 8005 DEEN STILL ROAD LAKELAND FL 33809
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10. Name and Address of New Registered Agent 81 Name Jacqueline Furlong 82 Street Address (P.O. Box Number is Not Acceptable) 15190 Angus Rd. 83 84 City Polk City FL 85 Zip Code 33868

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 *Jacqueline Furlong* DATE **4/26/98**

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

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE V MEADOR, RON 4973 BRAHMA RD. POLK CITY FL 33868
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE ST STROLLSTEIMER, ANNA 4701 ANGUS RD POLK CITY FL 33868
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE P FUCHS, RICHARD 5025 BRAHMA ROAD POLK CITY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE D SMITH, ROBERT 4937 BRAHMA RD. POLK CITY FL 33868
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE D SMITH, JEFFREY 4933 BRAHMA RD. POLK CITY FL 33868
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President Michael Barden 15360 Angus Rd. Polk City, FL 33868
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V.Pres. Jerry Lewis 14705 Angus Rd. Polk City, FL 33868
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sec./Treas. Jacqueline Furlong 15190 Angus Rd. Polk City, FL 33868
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director: Carl Hewitt 15430 Angus Rd. Polk City, FL 33868
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director: Ron Meador 15355 Brahma Rd. Polk City, FL 33868
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jacqueline Furlong*

4/26/98

CR2E037 (10/97)