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FILED
Jun 18 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 # N04802 (7)
1. Corporation Name
HOMEPACE WEST HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business BOX 101 PO BOX 210202 ROYAL PALM BEACH FL 33421 US	Mailing Address BOX 101 PO BOX 210202 ROYAL PALM BEACH FL 33421 US
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3. Date Incorporated or Qualified 09/07/1984		
4. FEI Number 59-2646503	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 210202
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Royal Palm Beach, FL
Zip 24	Country 25
Zip 29 33421	Country 30

9. Name and Address of Current Registered Agent

SULLIVAN, LYNN
1017 GRANDVIEW CIR
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Lynn Sullivan* DATE: **5/12/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEHE, MARK	
STREET ADDRESS	1205 GRANDVIEW CIRCLE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, LYNN	
STREET ADDRESS	1017 GRANDVIEW CIRCLE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SCHILLER, JOHN	
STREET ADDRESS	1220 GRANDVIEW CIRCLE	
CITY-ST-ZIP	ROYAL PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Schiller, Tamara
2.3 STREET ADDRESS	1220 Grandview Circle
2.4 CITY-ST-ZIP	Royal Palm Bch, FL 33411
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VPD Hubbard, Mary
3.3 STREET ADDRESS	1033 Grandview Circle
3.4 CITY-ST-ZIP	Royal Palm Beach, FL 33411
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: *Mark P. Lehe* DATE: **5/12/98** 541-790-2752

CR2E037 (10/97)