FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

DOCUMENT # N06777 (9)

1. Corporation Name

CROWNDALE COURT OWNERS ASSOCIATION, INC.

FILED
95 APR 29 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:
% DEBORAH A. ECKERT
389 CROWNDALE COURT
CANTONMENT FL 32533

Mailing Address:
% DEBORAH A. ECKERT
389 CROWNDALE COURT
CANTONMENT FL 32533

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1984
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-2643483 — Applied For / Not Applicable
5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required
6. Electronic Filing Fee and Fund Contribution: [ ] $5.00 May Be Added to Fees
7. Nonprofit with IRS Tax Exempt Status: [ ] $68.75 Supplemental Fee Not Required
8. The corporation has elected to be taxed as an S corporation under Sec. 1361(a) of the Internal Revenue Code: [ ] Yes [X] No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

OWENS, DARWYN K.
434 CROWNDALE COURT
CANTONMENT FL 32533

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 Chapter 607.0505 of the Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such corporation accepts the designation of registered agent in this statement to act in this capacity. It agrees to comply with the provisions of all statutes relative to the proper and complete performance of its registered agent duties. It is familiar with and accepts the obligations of its position as registered agent.

SIGNATURE

12. FOR UP TO SIX OFFICERS AND DIRECTORS

Title	PD
Name	ECKERT, DEBORAH A.
Street Address	389 CROWNDALE COURT
City, State, Zip	CANTONMENT FL
Title	VPD
Name	ROCKFORD, M. PEEBLES
Street Address	437 CROWNDALE COURT
City, State, Zip	CANTONMENT FL
Title	TD
Name	SNOW, JAMMIE D.
Street Address	401 CROWNDALE COURT
City, State, Zip	CANTONMENT FL
Title	SD
Name	ROBERTS, BARBARA A.
Street Address	414 CROWNDALE COURT
City, State, Zip	CANTONMENT FL
Title	D
Name	OWENS, DARWYN K.
Street Address	434 CROWNDALE COURT
City, State, Zip	CANTONMENT FL
Title	
Name	
Street Address	
City, State, Zip	

13. ADDITIONAL OFFICERS AND DIRECTORS

Title	[ ] Change [ ] Addition
Name	
Street Address	
City, State, Zip	
Title	[ ] Change [ ] Addition
Name	
Street Address	
City, State, Zip	
Title	[ ] Change [ ] Addition
Name	
Street Address	
City, State, Zip	
Title	[ ] Change [ ] Addition
Name	
Street Address	
City, State, Zip	
Title	[ ] Change [ ] Addition
Name	
Street Address	
City, State, Zip	
Title	[ ] Change [ ] Addition
Name	
Street Address	
City, State, Zip	

14. I hereby certify that the information supplied with this filing, when properly filed with and accepted by the Department of State, shall be deemed to satisfy the requirement of Section 607.0505, Florida Statutes. I further certify that the information contained in the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and be made under oath as if made under the laws of the State of Florida. I understand that the filing of this report or the failure to file the report as required by Section 607.0505, Florida Statutes, may affect my status as an officer or director of the corporation. I understand that the information as submitted to the Department of State may be subject to public disclosure.

SIGNATURE: Deborah A Eckert DEBORAH A ECKERT 4-29-95 (904) 968 6360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

007 (601)