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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N17870** (9)
1. Corporation Name
VALPARAISO VILLAGE TOWNHOMES ASSOCIATION, INC.



Principal Place of Business #4 BAYSHORE POINT VALPARAISO FL 32580 US	Mailing Address #4 BAYSHORE POINT VALPARAISO FL 32580-1395 US
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3. Date Incorporated or Qualified **11/20/1986** 3a. Date of Last Report **01/31/1996**

2. Principal Place of Business 21 12 BAYSHORE POINT Suite, Apt. #, etc. 22 VALPARAISO City & State 23 FL. Zip 24 32580	2a. Mailing Address 26 12 BAYSHORE POINT Suite, Apt. #, etc. 27 VALPARAISO City & State 28 FL. Zip 29 32580 Country 30 USA
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4. FEI Number 59-2712393	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FORNELL, GORDON
4 BAYSHORE POINT
VALPARAISO FL 32580**

10. Name and Address of New Registered Agent
**81 Name SWANSON, JACK E.
82 Street Address (P.O. Box Number is Not Acceptable) 12 BAYSHORE POINT
83 VALPARAISO
84 City FL 85 Zip Code 32580**

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 *Jack E. Swanson* DATE **5/27/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	FORNELL, GORDON
STREET ADDRESS	4 BAYSHORE POINT
CITY-ST-ZIP	VALPARAISO FL 32580-1395
TITLE	VD <input type="checkbox"/> DELETE
NAME	DETRICK, OSA
STREET ADDRESS	15 BAYSHORE POINT
CITY-ST-ZIP	VALPARAISO FL 32580-1395
TITLE	STD <input type="checkbox"/> DELETE
NAME	LEW, ARLENE
STREET ADDRESS	3 BAYSHORE POINT
CITY-ST-ZIP	VALPARAISO FL 32580-1395
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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SWANSON, JACK
1.3 STREET ADDRESS	12 BAYSHORE POINT
1.4 CITY-ST-ZIP	VALPARAISO, FL 32580-1395
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PICKARD, ADAIR
2.3 STREET ADDRESS	7 BAYSHORE POINT
2.4 CITY-ST-ZIP	VALPARAISO, FL 32580-1395
3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BLACK, CAROLYN
3.3 STREET ADDRESS	1 BAYSHORE POINT
3.4 CITY-ST-ZIP	VALPARAISO, FL 32580-1395
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 do 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.

CR2E037 (9/96)