

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N17878 (2)

1. Corporation Name
E.D.U.I. VILLAS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**C/O DR. DON R. SHADER
6424 MATANZAS DR.
SEBRING FL 33872**

3. Date Incorporated or Qualified **11/20/1986** 3a. Date of Last Report **02/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 **6422 MATANZAS DR.** 26 **6422 MATANZAS DR.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **SEBRING FL** 28 **SEBRING FL**
Zip Country Zip Country
24 **33872-2383** 25 **HIGHLANDS** 29 **33872-2383** 30 **HIGHLANDS**

4. FEI Number **59-2891044** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SHADER, DON R.
6424 MATANZAS DR.
SEBRING FL 33872**

10. Name and Address of New Registered Agent
81 Name **CLARK, JOAN W**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **4620 BONNIE DRIVE**
84 City **SEBRING** FL 85 Zip Code **33872-1707**

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 *Joan W. Clark* Secretary/Treasurer Date **4/11/96**

12. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SHADER, DON R.	
STREET ADDRESS	6424 MATANZAS DR.	
CITY-ST-ZIP	SEBRING FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, DON	
STREET ADDRESS	6412 MATRAZAS DRIVE	
CITY-ST-ZIP	SEBRING FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENSON, JOAN	
STREET ADDRESS	6408 MATANZAS DR.	
CITY-ST-ZIP	SEBRING FL	
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

11 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	CLARK, JOAN W	
13 STREET ADDRESS	4620 BONNIE DRIVE	
14 CITY-ST-ZIP	SEBRING FL 33872-1707	
21 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	JWANTEK, KORRAINE D	
23 STREET ADDRESS	6416 MATANZAS DRIVE	
24 CITY-ST-ZIP	SEBRING, FL 33872-2383	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	GEARING, GARY D.	
33 STREET ADDRESS	6412 MATANZAS DRIVE	
34 CITY-ST-ZIP	SEBRING, FL 33872-2383	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Joan W. Clark* Date **4/11/96** Daytime Phone # **941/385-4368**

CR2E037 (12/95)