

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 6422 MATANZAS DR SEBRING FL 33872-2383 US	Mailing Address 6422 MATANZAS DR SEBRING FL 33872-2383 US
---	---

3. Date Incorporated or Qualified 11/20/1986
4. FEI Number 59-2891044
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 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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 29 Zip 30 Country
---	--

9. Name and Address of Current Registered Agent
**CLARK, JOHN W.
131C
4620 BONNIE DR
SEBRING FL 33872**

10. Name and Address of New Registered Agent
 81 Name **FITZPATRICK, H.T.**
 82 Street Address (P.O. Box Number is Not Acceptable) **6420 MATANZAS DR**
 83
 84 City **SEBRING** FL 85 Zip Code **33872**

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 *[Signature]* DATE **1-22-98**

12. OFFICERS AND DIRECTORS	
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	CLARK, JOHN W.
STREET ADDRESS	4620 BONNIE DR
CITY-ST-ZIP	SEBRING FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	SWANTEK, LORRAINE D.
STREET ADDRESS	6416 MATANZAS DR
CITY-ST-ZIP	SEBRING FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GEARING, GARY D.
STREET ADDRESS	6412 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	
1.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FITZPATRICK, H.T.
1.3 STREET ADDRESS	6420 MATANZAS DR
1.4 CITY-ST-ZIP	SEBRING, FL 33872
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 *[Signature]* DATE **1-22-98** **941 431-3807**

CR2E037 (10/97)