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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19409

1. Corporation Name
BEULAH AREA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business P.O. BOX 1776 GAINESVILLE FL 32602	Mailing Address P.O. BOX 1776 GAINESVILLE FL 32602
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/24/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	29
Country 25	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LEE, DENNIS G 412 N.E. 16TH AVE. GAINESVILLE FL 32601	10. Name and Address of New Registered Agent 81 Name Grier, Karen S. 82 Street Address (P.O. Box Number is Not Acceptable) Rt. 1 Box 1005-7 83 84 City Lee FL 85 Zip Code 32059
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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 Karen S. Grier DATE 2/1/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DAVIES, LISA 412 NE 16 AVE GAINESVILLE FL	1.1 TITLE D-SECRET	Paul Schaeffer Rt 1 Box 1007-6 Lee, FL 32059
NAME	LEE, DENNIS G. 412 NE 16 AVE GAINESVILLE FL	2.1 TITLE PRESIDENT	DOWN BONEBREAK Rt. 1 Box 1007-5 Lee, FL 32059
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE D	SHEFFELD, JAMES R. 412 NE 16 AVE GAINESVILLE FL	3.1 TITLE SP-1/TREAS.	Karen S. Grier Rt 1 Box 1005-7 Lee, FL 32059
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Karen S. Grier DATE: 2/1/99 DAYTIME PHONE #: 850-971-5393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR