

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 # N20158 (4)
1. Corporation Name
OCALA PARK CENTRE MAINTENANCE ASSOCIATION, INC.



Principal Place of Business: **C/O ARVIDA COMPANY/BEA WILLIAMS
7900 GLADES RD.
BOCA RATON FL 33434**

Mailing Address: **C/O ARVIDA COMPANY/BEA WILLIAMS
7900 GLADES RD.
BOCA RATON FL 33434**

3. Date Incorporated or Qualified: **04/15/1987**
3a. Date of Last Report: **03/13/1995**

2. Principal Place of Business: **21 7900 Glades Rd, Suite 200 Boca Raton, FL 33434 USA**

2a. Mailing Address: **26 7900 Glades Rd, Suite 200 Boca Raton, FL 33434 USA**

4. FEI Number: **65-0039166**
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:
**BARIC, JOHN
ARVIDA COMPANY
7900 GLADES RD.
BOCA RATON FL 33434**

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 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: POT	<input checked="" type="checkbox"/> DELETE
NAME: ODORICO, PETER	
STREET ADDRESS: 7900 GLADES RD	
CITY-ST-ZIP: BOCA RATON FL 33434	
TITLE: VD	<input type="checkbox"/> DELETE
NAME: GADINSKY, EDWARD	
STREET ADDRESS: 200 S. BISCAYNE BLVD.	
CITY-ST-ZIP: MIAMI FL	
TITLE: SD	<input checked="" type="checkbox"/> DELETE
NAME: BROWN, DANIEL	
STREET ADDRESS: 7900 GLADES RD.	
CITY-ST-ZIP: BOCA RATON FL 33434	
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: POT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: Carole Marko	
1.3 STREET ADDRESS: 7900 Glades Road, Suite 200	
1.4 CITY-ST-ZIP: Boca Raton FL 33434	
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: SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: Ingrid Fulmer	
3.3 STREET ADDRESS: 7900 Glades Road	
3.4 CITY-ST-ZIP: Boca Raton FL 33434	
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 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: Carole R Marko **2/19/96** **407-479-1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)