

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 # **N25156** (3)

1. Corporation Name
PAGET COURT HOMES ASSOCIATION, INC.



Principal Place of Business: **ONE TURTLE BEACH RD. VERO BEACH FL 32963**
Mailing Address: **ONE TURTLE BEACH RD. VERO BEACH FL 32963**

3. Date Incorporated or Qualified: **03/02/1988**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **65-0076943**
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**ROSE, MICHAEL L.
ONE TURTLE BEACH ROAD
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	BLOSSOM, DUDLEY S.	
STREET ADDRESS	110 PAGET COURT	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MEAGHER, BRENDAN J	
STREET ADDRESS	10 PAGET COURT	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	ROSE, MICHAEL L.	
STREET ADDRESS	ONE TURTLE BEACH RD.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	BARKER, JOHN E.	
STREET ADDRESS	1 TURTLE BCH. RD.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KUEHL, HAL	
STREET ADDRESS	50 PAGET COURT	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LARAJA, JOSEPH	
STREET ADDRESS	60 PAGET COURT	
CITY-ST-ZIP	VERO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Edwards, J. Robert	
2.3 STREET ADDRESS	711 Manatee Cove	
2.4 CITY-ST-ZIP	Vero Beach, FL 32963	
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	S/D	<input checked="" 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: Michael L. Rose April 16, 1996 407-231-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)