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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N25156

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

03/02/1988

4. FEI Number

65-0076943

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

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 Name *KAREN L. MERRILL*
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 *970 28th Ave*
 84 City *VERO BEACH* FL 85 Zip Code *32960*

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 L. Merrill*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-99

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME PD BLOSSOM, DUDLEY S.
 STREET ADDRESS 110 PAGET COURT
 CITY-ST-ZIP VERO BEACH FL

TITLE DELETE
 NAME TD SOUDERS, WILLIAM F
 STREET ADDRESS 50 PAGET COURT
 CITY-ST-ZIP VERO BEACH FL

TITLE DELETE
 NAME ASD ROSE, MICHAEL L.
 STREET ADDRESS ONE TURTLE BEACH RD.
 CITY-ST-ZIP VERO BEACH FL

TITLE DELETE
 NAME ASD BARKER, JOHN E.
 STREET ADDRESS 1 TURTLE BCH. RD.
 CITY-ST-ZIP VERO BEACH FL

TITLE DELETE
 NAME D GALVIN, WILLIAM F
 STREET ADDRESS 120 PAGET CT
 CITY-ST-ZIP VERO BEACH FL 32963

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE *VPD* Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME *PD GALVIN, WILLIAM F.*
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME *STB BRAMSON, THOMAS R.*
 6.3 STREET ADDRESS *80 Paget Court*
 6.4 CITY-ST-ZIP *VERO BEACH, FL 32963*

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 change, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED: *[Signature]*

4-9-99 541-569-9853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)