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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26149 (7)
1. Corporation Name
THE COALITION OF PORT ORANGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 313 SOUTH PALMETTO AVENUE DAYTONA BEACH FL 32114-1997	Mailing Address 313 SOUTH PALMETTO AVENUE DAYTONA BEACH FL 32114-1997
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3. Date Incorporated or Qualified 04/28/1988	4. FEI Number 59-2897403	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	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 checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**SHELLEY, W. DENISE
313 SOUTH PALMETTO AVE.
DAYTONA BEACH FL 32114-1997**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD STEINDOERFER, GEORGE J. 4574 MILES DR PORT ORANGE FL	1.1 TITLE	PD ATWOOD, PETER D. 807 Woodport Drive Port Orange, FL 32127
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD WILCOX, WAYNE A. 812 WOODPORT DR PORT ORANGE FL	2.1 TITLE	VD ROBERTS, WILLIAM C. 395 Prince Charles Court Port Orange, FL 32127
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD ADAIR, RITA C. 713 NORMANDY BLVD. PORT ORANGE FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D HUGHES, MAUREEN 227 WINDSOR DR PORT ORANGE FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD DELL, NEIL F. 856 CHICADEE DR PORT ORANGE FL	5.1 TITLE	D DELL, NEIL F. 856 Chicadee Drive Port Orange, FL 32127
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SALLESE, DONATO G 1224 FRANKLIN DR PORT ORANGE FL	6.1 TITLE	TD DIXON, PHYLLIS P. 6199 Sequoia Drive Port Orange, FL 32127
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.

SIGNATURE:

Rita C. Adair

Rita C. Adair March 9, 1998 (904) 761-7199

CR2E037 (10/97)