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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
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DOCUMENT # N26149

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/28/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2897403	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SHELLEY, W. DENISE 313 SOUTH PALMETTO AVE. DAYTONA BEACH FL 32114-1997				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

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	1.1 TITLE	
NAME	ATWOOD, PETER D	1.2 NAME	
STREET ADDRESS	807 WOODPORT DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	ROBERTS, WILLIAM C	2.2 NAME	
STREET ADDRESS	395 PRINCE CHARLES COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT ORANGE FL 32127	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	ADAIR, RITA C.	3.2 NAME	
STREET ADDRESS	713 NORMANDY BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	HUGHES, MAUREEN	4.2 NAME	
STREET ADDRESS	227 WINDSOR DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	DELL, NEIL F	5.2 NAME	
STREET ADDRESS	856 CHICADEE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	
NAME	DIXON, PHYLLIS P	6.2 NAME	
STREET ADDRESS	6199 SEQUOIA DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/99

756-9054

CR2E037 (1/98)