


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30572 (4)
1. Corporation Name
MIDWAY ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business C/O LEE JAY COLLING. ATTY 20 N ORANGE AVE., STE 700 ORLANDO FL 32801 US	Mailing Address C/O LEE JAY COLLING. ATTY. 20 N ORANGE AVE., STE 700 ORLANDO FL 32801-4604 US
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21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	25 Country

3. Date Incorporated or Qualified 02/09/1989	3a. Date of Last Report 02/13/1996
4. FEI Number 59-2933904	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
COLLING, LEE JAY 20 N. ORANGE AVE SUITE 700 ORLANDO FL 32801		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP CONNORS, WILLIAM L. 1950 S US 1, LOT 29 VERO BEACH FL	1.1 TITLE	RON DOROST PRES
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	1950 SOUSA LOT 293
CITY-ST-ZIP		1.4 CITY-ST-ZIP	VERO BEACH FL
TITLE	DVP DICKENSON, BILL 1950 S US 1, LOT 207 VERO BEACH FL	2.1 TITLE	TREASURER
NAME		2.2 NAME	LINDA STEVENS
STREET ADDRESS		2.3 STREET ADDRESS	1950 SOUSA LOT 150
CITY-ST-ZIP		2.4 CITY-ST-ZIP	VERO BEACH FL
TITLE	DS GAGER, CONNIE 1950 S. US 1, LOT 234 VERO BEACH FL	3.1 TITLE	SEC
NAME		3.2 NAME	MARILYN BUZZANO
STREET ADDRESS		3.3 STREET ADDRESS	1950 SOUSA LOT 75
CITY-ST-ZIP		3.4 CITY-ST-ZIP	VERO BEACH FL
TITLE	D KING, PEGGY 1950 S US 1, LOT 218 VERO BCH. FL	4.1 TITLE	DIR
NAME		4.2 NAME	LEON HAMMER
STREET ADDRESS		4.3 STREET ADDRESS	1950 SOUSA LOT 135
CITY-ST-ZIP		4.4 CITY-ST-ZIP	VERO BEACH FL
TITLE	D CARTER, ROBERT 1950 SOUTH US 1, LOT 136 VERO BEACH FL	5.1 TITLE	DIR
NAME		5.2 NAME	JAMES JACKSON
STREET ADDRESS		5.3 STREET ADDRESS	1950 SOUSA LOT 135
CITY-ST-ZIP		5.4 CITY-ST-ZIP	VERO BEACH FL
TITLE	D CLARK, KATHRYN 1950 S US 1, LOT 149 VERO BEACH FL	6.1 TITLE	DIR
NAME		6.2 NAME	VIRGINIA RICHARDS
STREET ADDRESS		6.3 STREET ADDRESS	1950 SOUSA LOT 254
CITY-ST-ZIP		6.4 CITY-ST-ZIP	VERO BEACH FL

14. I do 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.

CR2E037 (9/96)