

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 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 # **N34097** (8)
1. Corporation Name
AVON PARK ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business %WILSON ELLIOTT 1860 AVON PARK ESTATES BLVD. AVON PARK FL 33825	Mailing Address %WILSON ELLIOTT 1860 AVON PARK ESTATES BLVD. AVON PARK FL 33825
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3. Date Incorporated or Qualified 08/18/1989	3a. Date of Last Report 05/28/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	4. FEI Number NOT APPLICABLE 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 type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLIOTT, WILSON
1870 AVON PARK ESTATES BLVD.
AVON PARK FL 33825**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	KURT, OLSEN	
STREET ADDRESS	1820 SAYERS ROAD	
CITY-ST-ZIP	AVON PARK FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BLALOCK, LYNN	
STREET ADDRESS	1945 AVON EST BLVD	
CITY-ST-ZIP	AVON PARK FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ELLIOTT, WILSON	
STREET ADDRESS	1860 AVON ESTATES BLVD	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHOOK, JIM	
STREET ADDRESS	625 AVON PARK EAST BLVD.	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUILES, LUIS	
STREET ADDRESS	2532 BUTKUS ROAD	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DEBRA B.	
STREET ADDRESS	1420 OLSEN RD.	
CITY-ST-ZIP	AVON PARK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input 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 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: *[Signature]* **DEBRA B. WILLIAMS**

1/14/97 041 453 2225

CR2E037 (9/96)