


FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/18/1989 4. FEI Number 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 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ELLIOTT, WILSON 1870 AVON PARK ESTATES BLVD. AVON PARK FL 33825				10. Name and Address of New Registered Agent 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					
TITLE	VD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	KURT, OLSEN		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1820 SAYERS ROAD		1.2 NAME		
CITY - ST - ZIP	AVON PARK FL		1.3 STREET ADDRESS		
			1.4 CITY - ST - ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLALOCK, LYNN		2.2 NAME		
STREET ADDRESS	1945 AVON EST BLVD		2.3 STREET ADDRESS		
CITY - ST - ZIP	AVON PARK FL		2.4 CITY - ST - ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIOTT, WILSON		3.2 NAME		
STREET ADDRESS	1860 AVON ESTATES BLVD		3.3 STREET ADDRESS		
CITY - ST - ZIP	AVON PARK FL		3.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHOOK, JIM		4.2 NAME		
STREET ADDRESS	625 AVON PARK EAST BLVD.		4.3 STREET ADDRESS		
CITY - ST - ZIP	AVON PARK FL		4.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUILES, LUIS		5.2 NAME		
STREET ADDRESS	2532 BUTKUS ROAD		5.3 STREET ADDRESS		
CITY - ST - ZIP	AVON PARK FL		5.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, DEBRA B.		6.2 NAME		
STREET ADDRESS	1420 OLSEN RD.		6.3 STREET ADDRESS		
CITY - ST - ZIP	AVON PARK FL		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: Lynn A Blalock LYNN A BLALOCK Sec/Treas 4/30/98 941 453 2225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0065469

CR2E037 (10/97)