FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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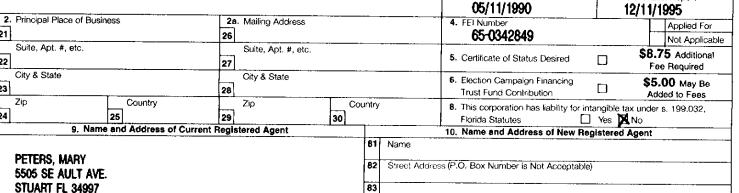
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1996

DOCUMENT # N38103 (0)

RASTRELLI'S ROOST PROPERTY OWNERS ASSOCIATION, I

NC. Principal Place of Business Mailing Address 5505 SE AULT 5505 SE AULT STUART FL 34997 STUART FL 34997



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. INOTE: Registered Agent signature required when reinstating! DATE						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TITLE		☐ Change	Addition
NAME	RASTRELLI, ALFRED J.		1.2 NAME			
STREET ADDRESS	5505 SE AULT		1.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34997		1.4 CHY-ST-ZIP			
TITLE	VST	DELETE	2.1 TITLE		Change	☐ Addition
NAME	RASTRELLI, MARLENE		2.2 NAME			
STREET ADDRESS	5505 SE AULT		2.3 STREET ADDRESS			
CITY - ST - ZIP	STUART FL 34997		2. 4 CITY - ST - ZIP			i
TITLE	D	DELETE	3.1 TITLE		☐ Change	Addition
NAME	rastrelli, marlene		3.2 NAME			
STREET ADDRESS	5505 SE AULT		3 3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34997		3.4. CITY-ST-ZIP			
TITLE	D	DELETE	4.1 TITLE		Change	Addition
NAME	rastrelli, vera		4. 2 NAME			
STREET ADDRESS	5055 SE AULT AVE.		4.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34997		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			52 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME		-	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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 attactory in the naddress.

SIGNATURE:

MARLENE RASTREUT 3-5-96 4072831021

CR2E037 (12/95)

3a. Date of Last Report

3. Date Incorporated or Qualified