

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40918 (7)
1. Corporation Name
ALLEN BROUSSARD CONSERVANCY, INC.



Principal Place of Business 3660 N. RIVERSIDE DR. INDIALANTIC FL 32903	Mailing Address 3660 N. RIVERSIDE DR. INDIALANTIC FL 32903
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3. Date Incorporated or Qualified 11/19/1990	
4. FEI Number 65-0233682	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**BROUSSARD, WILLIAM J.
502 E. NEW HAVEN AVE
STE. 100
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent
81 Name: JAMES H. FALLACE
82 Street Address (P.O. Box Number is Not Acceptable): 1900 SO. HICKORY STREET
83
84 City: MELBOURNE FL 85 Zip Code: 32901

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 _____ DATE **4/28/98**
Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROUSSARD, WILLIAM J.		1.2 NAME	
STREET ADDRESS 3660 N. RIVERSIDE DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP INDIALANTIC FL		1.4 CITY-ST-ZIP	
TITLE DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROUSSARD, MARGARET R.		2.2 NAME	
STREET ADDRESS 3660 N. RIVERSIDE DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP INDIALANTIC FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LORBIS, ANDREW		3.2 NAME ZORAS, ANDREW	
STREET ADDRESS 502 E. NEW HAVEN AVE.		3.3 STREET ADDRESS 502 E. New Haven Avenue	
CITY-ST-ZIP MELBOURNE FL		3.4 CITY-ST-ZIP MELBOURNE, FL 32901	
TITLE DST	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCGONAGILL, M. LYNN		4.2 NAME	
STREET ADDRESS 5642 CREEKWOOD DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP CHAMPAIGN IL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WALDEN, CHRISTIANN		5.2 NAME	
STREET ADDRESS 502 E. NEW HAVEN AVE.		5.3 STREET ADDRESS	
CITY-ST-ZIP MELBOURNE FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALLEN, KEN		6.2 NAME	
STREET ADDRESS 101 OCEAN TERRACE, APT. 4		6.3 STREET ADDRESS	
CITY-ST-ZIP INDIALANTIC 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: _____ DATE **4/29/98 (407) 726-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0018421

CRZE037 (10/97)