


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90080 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N46804					
1. Corporation Name CAUSEWAY MOBILE HOME OWNERS' ASSOCIATION, INC.					
Principal Place of Business 601 SEAWAY DR. LOT MAA FORT PIERCE FL 34949			Mailing Address 601 SEAWAY DR. LOT MAA FORT PIERCE FL 34949		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/13/1992	
				4. FEI Number 65-0379963	
				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	

9. Name and Address of Current Registered Agent FOULKES, RALPH 601 SEAWAY DR LOT F5 LOT G5 FORT PIERCE FL 34949				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			
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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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOULKES, RALPH	1.2 NAME	
STREET ADDRESS	601 SEAWAY DR LOT F5	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34949	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLNER, WILLIAM	2.2 NAME	
STREET ADDRESS	601 SEAWAY DR LOT F 7	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34949	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLEY, RUTH	3.2 NAME	BATES, EILEEN
STREET ADDRESS	601 SEAWAY DR LOT C 23	3.3 STREET ADDRESS	601 SEAWAY LOT G 11
CITY-ST-ZIP	FORT PIERCE FL 34949	3.4 CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARMAN, JUNE	4.2 NAME	
STREET ADDRESS	601 SEAWAY DRIVE LOT H 23	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL 34949	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEICHLER, RUTH	5.2 NAME	
STREET ADDRESS	601 SEAWAY DR. LOT G5	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other life empowered.

SIGNATURE  3/9/99 561-466-9198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(11/98)