


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47167** (4)
1. Corporation Name
DELTONA LAKES ELEMENTARY SCHOOL PTA, INC.



Principal Place of Business 2022 ADELIA BLVD DELTONA FL 32725 US	Mailing Address 2022 ADELIA BLVD DELTONA FL 32725 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/03/1992		3a. Date of Last Report 07/12/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2285705		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		Zip 29		Country 30	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		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		7. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BALL, SHERI
2182 VANCE RD
DELTONA FL 32738**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 checked="" type="checkbox"/> DELETE	1.1 TITLE	President PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALL, SHERI	1.2 NAME	Obremski, Diane
STREET ADDRESS	2182 VANCE RD	1.3 STREET ADDRESS	2140 Vance Rd
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	Deltona FL 32738
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OBREMSKI, DIANE	2.2 NAME	Dezaruba, Sonia
STREET ADDRESS	2140 VANCE RD	2.3 STREET ADDRESS	1759 Ft Smith Blvd
CITY-ST-ZIP	DELTONA FL	2.4 CITY-ST-ZIP	Deltona FL 32725
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	President VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, RUSTY	3.2 NAME	Ciesla, Bonnie
STREET ADDRESS	1395 SUMMIT HILL DR	3.3 STREET ADDRESS	405 Glen Abbey Ln
CITY-ST-ZIP	DELTONA FL	3.4 CITY-ST-ZIP	DeBary FL
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINS, BONNIE	4.2 NAME	
STREET ADDRESS	1541 NAPLES CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Secretary SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRAVO, LYSA	5.2 NAME	Carol Morella
STREET ADDRESS	2212 KENT RD	5.3 STREET ADDRESS	1687 Sumatra Ave
CITY-ST-ZIP	DELTONA FL	5.4 CITY-ST-ZIP	Deltona FL 32725
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 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 REQUIRED (904) 789-7015