

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49684 (6)**
1. Corporation Name
EAST FRIENDSHIP HOME OWNERS ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 245 WAUCHULA FL 33873
Mailing Address: P.O. BOX 245 WAUCHULA FL 33873

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/02/1992	3a. Date of Last Report 04/13/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0339970	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POLK, GUY E. 105 RIVER LANE WAUCHULA FL 33873				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLK, GUY E.		12 NAME				
STREET ADDRESS	105 RIVER LANE		13 STREET ADDRESS				
CITY-ST-ZIP	WAUCHULA FL		14 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	21 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLK, JEAN C.		22 NAME	DEANNA ARMSTRONG			
STREET ADDRESS	105 RIVER LANE		23 STREET ADDRESS	P.O. BOX 1183 - N/A			
CITY-ST-ZIP	WAUCHULA FL		24 CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890			
TITLE	VTD	<input checked="" type="checkbox"/> DELETE	31 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLK, TIMOTHY		32 NAME	JOHN W. ARMSTRONG			
STREET ADDRESS	RT. 3, BOX 1351		33 STREET ADDRESS	P.O. BOX 1183 - N/A			
CITY-ST-ZIP	WAUCHULA FL		34 CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890			
TITLE		<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			42 NAME				
STREET ADDRESS			43 STREET ADDRESS				
CITY-ST-ZIP			44 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 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 oath; that I am an officer or director of the corporation or the receiver or trustee employed 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]* 3-4-96 - 941-385-7977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)