


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N50760 (0)
1. Corporation Name
DELEON MANORS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 7136 A1A SOUTH ST. AUGUSTINE FL 32085 US
Mailing Address: 7136 A1A SOUTH ST AUGUSTINE FL 32085 US

3. Date Incorporated or Qualified: 09/08/1992
4. FEI Number: 59-3168521
Applied For: Not Applicable

2. Principal Place of Business: 21 Suite, Apt. #, etc.
22 City & State: 23
24 Zip: 25 Country: 26
2a. Mailing Address: 27 FRANK W. PEPE 464 PARK BLVD STRATFORD, CONN.
28 City & State: 29 00497
30 Country:

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
PEPE, FRANK W.
7136 A1A SOUTH
ST. AUGUSTINE FL 32085

10. Name and Address of New Registered Agent
81 Name: FRANK W. PEPE
82 Street Address (P.O. Box Number is Not Acceptable): 7136 A1A SO
83 ~~464 PARK BLVD ST AUGUSTINE~~
~~STRATFORD CT FL 32085~~
84 City: FL 85 Zip Code: 32085

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPE, FRANK W. J	1.2 NAME	
STREET ADDRESS	7136 A1A SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPE, EDWARD	2.2 NAME	
STREET ADDRESS	464 PARK BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STRATFORD CT	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPE, SOPHIE K	3.2 NAME	
STREET ADDRESS	464 PARK BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	STRATFORD CT	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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.

SIGNATURE: *Frank W. Pepe* STD 2/23/98

CR2E037 (10/97)