

FILE NOW: FILING FEE IS \$61.25

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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northcutt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000762 (6)
1. Corporation Name
SKYLARK RO ASSOCIATION, INC.



Principal Place of Business SKYLARK R.O. ASSOCIATION 2526 S.R. 580 E CLEARWATER FL 34621 US	Mailing Address SKYLARK R.O. ASSOCIATION 2526 S.R. 580 E CLEARWATER FL 34621 US
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3. Date Incorporated or Qualified 12/14/1992		
4. FEI Number 59-3162412	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
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

**TEEVAN, RONALD P
200 NORTH GARDEN AVENUE
SUITE A
CLEARWATER FL 34615**

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

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUBBARD, JOHN K	
STREET ADDRESS	2526 SR 580E LOT 215	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BROWN, RICHARD M	
STREET ADDRESS	2526 SR 580E LOT 702	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HUTTON, AL	
STREET ADDRESS	2526 S.R. 580E LOT 719	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ALLHUSEN, ROSEMARY	
STREET ADDRESS	2526 S.R. 580E LOT 108	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CORNWELL, HELEN	
STREET ADDRESS	2526 STATE RD 580 E, LOT 501	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	2nd. Vice President	D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	John Hubbard			
1.3 STREET ADDRESS	2526 S.R. 580E Lot #215			
1.4 CITY-ST-ZIP	Clearwater, Florida	33761		
2.1 TITLE	President		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Richard Brown	D		
2.3 STREET ADDRESS	2526 S.R. 580E Lot #702			
2.4 CITY-ST-ZIP	Clearwater, Florida	33761		
3.1 TITLE	1st. Vice President		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Al Hutton	D		
3.3 STREET ADDRESS	2526 S.R. 580E Lot #719			
3.4 CITY-ST-ZIP	Clearwater, Florida	33761		
4.1 TITLE	Treasurer		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	WOLFE, ALFRED			
4.3 STREET ADDRESS	2526 S.R. 580E Lot #412			
4.4 CITY-ST-ZIP	Clearwater, Florida	33761		
5.1 TITLE	Secretary		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	Helen Cornwell			
5.3 STREET ADDRESS	2526 S.R. 580E Lot #501			
5.4 CITY-ST-ZIP	Clearwater, Florida	33761		
6.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME				
6.3 STREET ADDRESS				
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)(l), 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: *Ronald P. Teevan* PROS. 1/9/98 (813) 796-1492

CR2E037 (10/97)