
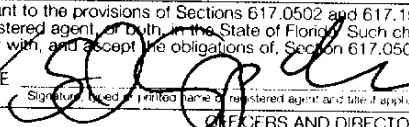
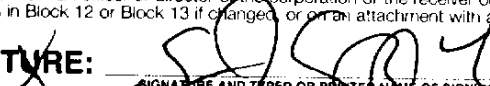


FILE NOW: FILING FEE IS \$61.25

FILED

96 MAY 17 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000003548 1. Corporation Name ACOSTA CREEK HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 7035 S. Hwy A1A MELBOURNE BEACH FL. 32951		Mailing Address 7035 S. Hwy A1A MELBOURNE BEACH FL. 32951	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/29/1994	3a. Date of Last Report 05/01/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 COPPOLA, GARY J. 7035 S. Hwy A1A MELBOURNE BEACH FL. 32951		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 reappointing) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME	STREET ADDRESS		
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME	STREET ADDRESS		
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME	STREET ADDRESS		
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME	STREET ADDRESS		
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> DELETE	
NAME	STREET ADDRESS		
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	800001821000		
4.2 NAME	-06/21/96--01004--006		
4.3 STREET ADDRESS	*****61.25 *****61.25		
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
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 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 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:  6/10/95 (407) 778-430			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (12/95)