

FILE NOW: FILING FEE IS \$61.25

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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004295 (1)

1. Corporation Name
AYLESFORD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 4805 VILLAGE CENTER DRIVE PALM HARBOR FL 34685 US	Mailing Address 4805 VILLAGE CENTER DRIVE PALM HARBOR FL 34685-1224 US
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3. Date Incorporated or Qualified 08/31/1994	3a. Date of Last Report 04/29/1996
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2. Principal Place of Business 21 Seaboard Arbors Mgmt. Suite, Apt. #, etc.	2a. Mailing Address 26 Seaboard Arbors Mgmt. Suite, Apt. #, etc.	4. FEI Number 59-3275976	Applied For Not Applicable
22 1700 McMullen Booth Rd City & State 23 Clearwater, FL Suite C-3	27 1700 McMullen Booth Rd City & State 28 Clearwater, FL Suite C-3	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 34619	25 Country USA	29 Zip 34619	30 Country USA
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BENNETT, FREDERICK J 4805 VILLAGE CENTER DRIVE PALM HARBOR FL 34685				10. Name and Address of New Registered Agent 81 Name Lennard A. Leighton 82 Street Address (P.O. Box Number is Not Acceptable) C/O Seaboard Arbors Management Services 83 1700 McMullen Booth Road, Suite C-3 84 City Clearwater, FL 85 Zip Code 34619			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 *Lennard A. Leighton* 4/8/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	EVANS, DAVID J		1.2 NAME	Peck, Ron			
STREET ADDRESS	4805 VILLAGE CENTER DR.		1.3 STREET ADDRESS	4650 Aylesford Drive			
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	Palm Harbor, Fl.			
TITLE	VTD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BENNETT, FREDERICK J		2.2 NAME	Yancey, Robert			
STREET ADDRESS	4805 VILLAGE CENTER DRIVE		2.3 STREET ADDRESS	4330 Auston Way			
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	Palm Harbor, Fl.			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FRIEND, ROBERT M		3.2 NAME	Winchell, Lucie			
STREET ADDRESS	4805 VILLAGE CENTER DR.		3.3 STREET ADDRESS	4337 Auston Way			
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP	Palm Harbor, Fl.			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			4.2 NAME	Greenhaus, Jim			
STREET ADDRESS			4.3 STREET ADDRESS	4333 Auston Way			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Palm Harbor, Fl.			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			5.2 NAME	Knott, Thea			
STREET ADDRESS			5.3 STREET ADDRESS	4662 Aylesford Drive			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Palm Harbor, Fl.			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			6.2 NAME	Carney, Sandra			
STREET ADDRESS			6.3 STREET ADDRESS	4085 Auston Way			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Palm Harbor, Fl.			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *David J. Bennett* 4-18-97

CR2E037 (9/96)

TITLE D CHANGE ADDITION

NAME Muhlhan, Paula

STREET ADDRESS 4338 Auston Way

CITY-ST-ZIP Palm Harbor, Fl.

TITLE D CHANGE ADDITION

NAME Billek, Pamela

STREET ADDRESS 4289 Auston Way

CITY-ST-ZIP Palm Harbor, Fl.

TITLE CHANGE ADDITION

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE CHANGE ADDITION

NAME

STREET ADDRESS

CITY-ST-ZIP
