

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000004343 (9)
 1. Corporation Name
NA-DELL HEIGHTS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **105 MCKAY DRIVE HAINES CITY FL 33844**
 Mailing Address: **105 MCKAY DRIVE HAINES CITY FL 33844**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/06/1994	3a. Date of Last Report 06/13/1995
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc	4. FEI Number 59-3318056	Applied For <input type="checkbox"/> 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	30. Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TALARICO, RALPH 105 MCKAY DRIVE HAINES CITY FL 33844		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
PTD	TALARICO, RALPH 105 MCKAY DRIVE HAINES CITY FL 33844	12. NAME	
SD	FOWLER, RENEE 1108 PENINSULAR DRIVE HAINES CITY FL 33844	13. STREET ADDRESS	
VD	ARCHER, ROBERT 141 MCKAY DRIVE HAINES CITY FL 33844	14. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		21. TITLE	
		22. NAME	
		23. STREET ADDRESS	
		24. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		31. TITLE	
		32. NAME	
		33. STREET ADDRESS	
		34. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		41. TITLE	
		42. NAME	
		43. STREET ADDRESS	
		44. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		51. TITLE	
		52. NAME	
		53. STREET ADDRESS	
		54. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
		61. TITLE	
		62. NAME	
		63. STREET ADDRESS	
		64. CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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, 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: *Ralph Talarico* Date: 8/5/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)