

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *N95000000578 (3)*
 1. Corporation Name
KAREN'S COURT CONDOMINIUM ASSC., INC.

Principal Place of Business <i>9277 LAKE CYPRESS LOOP WEEKI-WACHEE, FL 34613</i>	Mailing Address <i>9277 LAKE CYPRESS LOOP WEEKI-WACHEE, FL 34613</i>
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2. Principal Place of Business 21 <i>9277 LAKE CYPRESS LOOP</i>	2b. Mailing Address 26 <i>9277 LAKE CYPRESS LOOP</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <i>WEEKI WACHEE FL</i>	City & State 28 <i>WEEKI WACHEE FL</i>
Zip 24 <i>34613</i>	Country 25 <i>HERNANDO</i>
Zip 29 <i>34613</i>	Country 30 <i>HERNANDO</i>

3. Date Incorporated or Qualified <i>02/01/1995</i>	Applied For Not Applicable
4. FEI Number <i>59-3299418</i>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <i>\$8.75 Additional Fee Required</i>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <i>\$5.00 May Be Added to Fees</i>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
*HUFF, EARL
 1223 AMBROSE CT
 SPRING HILL, FL 34608*

10. Name and Address of New Registered Agent 81 Name <i>HUFF, EARL</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>9277 LAKE CYPRESS LOOP</i> 83 84 City <i>WEEKI-WACHEE FL</i> 85 Zip Code <i>34613</i>

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 *Earl T. Huff* DATE *2-28-98*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DPS HUFF, EARL 1223 AMBROSE CT. SPRING HILL, FL 34608</i> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DV CHAMPAGNE, KAREN 1223 AMBROSE CT. SPRING HILL, FL 34608</i> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DT HUFF, NORENE R. 1223 AMBROSE CT. SPRING HILL, FL 34608</i> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<i>DPS HUFF, EARL 9277 LAKE CYPRESS LOOP WEEKI WACHEE FL 34613</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>DV ANNA DIXON 7380 SPRINGHILL DR. SPRINGHILL, FL. 34606</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>DT HUFF, NORENE R. 9277 LAKE CYPRESS LOOP WEEKI WACHEE, FL 34613</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>900002485319 -04/10/98--01019--030 ***70.00</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *EARL T. HUFF* *Earl T. Huff* DATE *2-28-98* *1-352*
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (10/97)