


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
AND  
FILED

1997 OCT 10 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004790 (0)**

1. Corporation Name

**MANGROVE WALK NEIGHBORHOOD ASSOCIATION, INC.**

Principal Place of Business

**650 NE 8TH AVENUE  
BOYNTON BEACH FL 33435**

Mailing Address

**647 NE 8TH AVENUE  
BOYNTON BEACH FL 33435**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/10/1995</b>		3a. Date of Last Report <b>06/02/1996</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>65-0627719</b>		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country		29. Country		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		N/A	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KONASH, ANASTASIA M  
647 NE 8TH AVENUE  
BOYNTON BEACH FL 33435**

81. Name	<b>JAMES H. DARST</b>
82. Street Address (P.O. Box Number is Not Acceptable)	<b>750 RIDER ROAD</b>
83. City	<b>Boynton Beach</b>
84. Zip Code	<b>FL 33435</b>

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>8000002320765-0</b>
NAME	<b>DENSHAN, NELLIE S</b>	1.2 NAME	<b>-10/15/97--01052--010</b>
STREET ADDRESS	<b>650 NE 8TH AVENUE</b>	1.3 STREET ADDRESS	<b>*****61.25 *****61.25</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KONASH, ANASTASIA</b>	2.2 NAME	
STREET ADDRESS	<b>647 NE 8TH AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHANDLER, LAWRENCE</b>	3.2 NAME	
STREET ADDRESS	<b>NE 7TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DARST, JAMES</b>	4.2 NAME	
STREET ADDRESS	<b>752 RIDER ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEAVLIN, JEANNE</b>	5.2 NAME	
STREET ADDRESS	<b>734 NE 9TH AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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

SIGNATURE REQUIRED


CP2E037 (4/97)

October 8, 1997

Division of Corporations  
Annual Reports Section  
P. O. Box 1500  
Tallahassee, Fl. 32302-1500

To Whom It May Concern

I'm extremely upset about the lateness of this report. The person who was responsible for completing this report did nothing and resigned from the association. We are a non-profit association and cannot afford a late fee. I have been named as the new Registered Agent and was one of the original founders of the association. I will make sure that these reports get filed on time in the future. Please allow us to pay the normal fee which I have enclosed. Thank you for your consideration.

  
James H. Darst  
Vice President and Director  
Mangrove Walk