


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005062 (3)**

1. Corporation Name

**ROOSEVELT ESTATE ASSOCIATION, INC.**

Principal Place of Business

**A.J. GAINES RECREATION CENTER  
1301 AUG. AVE  
W. PALM BCH. FL 33401**

Mailing Address

**1472 N. MANGONIA DR.  
W. PALM BCH. FL 33401**

*Mangonia Drive*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/26/1995</b>	3a. Date of Last Report <b>08/20/1996</b>
4. FEI Number <b>9-115-97</b> <b>APPLIED FOR 65-0780097</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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	

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

**COBB, EARL  
1408 13TH ST.  
WEST PALM BEACH FL 34401**

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

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	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE	<b>BETHEL, OLIVIA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>AD Bobby Blanks</b>
	<b>1472 N. MANGONIA DRIVE</b>		<b>1383 North Mangonia Drive</b>
	<b>WEST PALM BEACH FL 33401</b>		<b>West Palm Beach FL 33401</b>
<input type="checkbox"/> DELETE	<b>AD COBB, EARL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>AD Jacquelyn Williams</b>
	<b>1408 13TH STREET</b>		<b>1408 13th Street</b>
	<b>WEST PALM BEACH FL 33401</b>		<b>West Palm Beach FL 33401</b>
<input type="checkbox"/> DELETE	<b>S WILSON, GLORIA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>T Maria A. Kemp</b>
	<b>1301 NORTH MANGONIA DR.</b>		<b>1342 13th Street</b>
	<b>WEST PALM BEACH FL 33401</b>		<b>West Palm Beach FL 33401</b>
<input type="checkbox"/> DELETE	<b>T MCCLAIN, CHRISTINE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>1383 PALM BEACH LAKES BLVD.</b>		
	<b>WEST PALM BEACH FL 33401</b>		
<input type="checkbox"/> DELETE	<b>T HAWKINS, ORA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>1310 13TH STREET</b>		
	<b>WEST PALM BEACH FL 33401</b>		
<input type="checkbox"/> DELETE	<b>AD HARRIS, <del>XXXX</del> Vickie</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<b>1510 NORTH MANGONIA CIRCLE</b>		
	<b>WEST PALM BEACH FL 33401</b>		

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

*Olivia Bethel 7/17/97*

CR2E037 (4/97)