


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 22 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 # N96000004040 (9)
 1. Corporation Name
DANIELS CROSSING HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 749 N. GARLAND AVENUE SUITE 104 ORLANDO FL 32801	Mailing Address 749 N. GARLAND AVENUE SUITE 104 ORLANDO FL 32801
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3. Date Incorporated or Qualified 08/01/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3427943	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> No	

2. Principal Place of Business 21 4030 Dijon Drive Suite, Apt. #, etc.	2a. Mailing Address 26 4030 Dijon Drive Suite, Apt. #, etc.
22 City & State Orlando Florida	27 City & State Orlando Florida
23 Zip 32808	29 Zip 32808
24 Country Orande	30 Country Orande

9. Name and Address of Current Registered Agent
HALLAUER, DAN R.
749 N. GARLAND AVENUE
SUITE 104
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name: Angela Gordon Prop. Mgmt
82 Street Address (P.O. Box Number is Not Acceptable):
83 4030 Dijon Drive
84 City: Orlando FL 85 Zip Code: 32808

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]* DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	HALLAUER, DAN R	
STREET ADDRESS	749 N. GARLAND AVE., STE. 104	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	HARRISON, RAYMOND D	
STREET ADDRESS	749 N. GARLAND AVE., STE. 104	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLCOMB, A K JR	
STREET ADDRESS	749 N. GARLAND AVE., STE. 104	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *[Signature]* RAYMOND D. HARRISON VP 3/16/98 407-422-4467

CR2E037 (10/97)