FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

NON PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004506 (9)

1. Corporation Name

MURRELL BARNES CROSSINGS OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
65 E. NASA BLVD., SUITE 202 MELBOURNE, FL 32901	65 E. NASA BLVD., SUITE 202 MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1996

4. FEI Number: 59-3405198 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WILKINSON, MYLES H.
65 E. NASA BLVD., SUITE 202
MELBOURNE, FL 32901

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Required if Agent is changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	131 TITLE	[ ] Change [ ] Add
NAME	WILKINSON, MYLES H.		132 NAME	700002858957--3
STREET ADDRESS	65 E. NASA BLVD., SUITE 202		133 STREET ADDRESS	-04/30/99--01111--020
CITY-ST-ZIP	MELBOURNE, FL 32901		134 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	STD	[X] DELETE	211 TITLE	[ ] Change [X] Add
NAME	HENDERSON, JEFFREY S.		212 NAME	STD
STREET ADDRESS	65 E. NASA BLVD., SUITE 202		213 STREET ADDRESS	MARY JANE SMITH
CITY-ST-ZIP	MELBOURNE, FL 32901		214 CITY-ST-ZIP	65 E. NASA BLVD., SUITE 202 MELBOURNE, FL 32901
TITLE	D	[ ] DELETE	311 TITLE	[ ] Change [ ] Add
NAME	WILLIAMS, MICHAEL H.		312 NAME	
STREET ADDRESS	65 E. NASA BLVD., SUITE 202		313 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32901		314 CITY-ST-ZIP	
TITLE		[ ] DELETE	411 TITLE	[ ] Change [ ] Add
NAME			412 NAME	
STREET ADDRESS			413 STREET ADDRESS	
CITY-ST-ZIP			414 CITY-ST-ZIP	
TITLE		[ ] DELETE	511 TITLE	[ ] Change [ ] Add
NAME			512 NAME	
STREET ADDRESS			513 STREET ADDRESS	
CITY-ST-ZIP			514 CITY-ST-ZIP	
TITLE		[ ] DELETE	611 TITLE	[ ] Change [ ] Add
NAME			612 NAME	
STREET ADDRESS			613 STREET ADDRESS	
CITY-ST-ZIP			614 CITY-ST-ZIP	

4-19-99

CR2E034 (11/98)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/14/99 407/951-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #