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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001857 (8)**

1. Corporation Name

VILLAGE OF TRAMORE HOMEOWNERS ASSOCIATION, INC.




Principal Place of Business 103 SIGNATURE DRIVE MELBOURNE BEACH FL 32951		Mailing Address 103 SIGNATURE DRIVE MELBOURNE BEACH FL 32951		3. Date Incorporated or Qualified 04/02/1997	
2. Principal Place of Business 21 183 TRAMORE PI Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. BOX 51-0845 Suite, Apt. #, etc.		4. FEI Number 59-3445436 Applied For Not Applicable	
22 City & State 23 MELBOURNE BEACH Zip 24 32951		27 City & State 28 MELBOURNE BEACH Zip 29 32951		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	
9. Name and Address of Current Registered Agent MOSLEY, CURTIS R 1221 E NEW HAVEN AVENUE 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 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	PSD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAGG, ANITA	1.2 NAME	
STREET ADDRESS	103 SIGNATURE DRIVE	1.3 STREET ADDRESS	183 Tramore Place
CITY - ST - ZIP	MELBOURNE BEACH FL 32951	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAGG, DAVID	2.2 NAME	
STREET ADDRESS	103 SIGNATURE DRIVE	2.3 STREET ADDRESS	183 Tramore Place
CITY - ST - ZIP	MELBOURNE BEACH FL 32951	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAEGER, THOMAS	3.2 NAME	
STREET ADDRESS	103 SIGNATURE DRIVE	3.3 STREET ADDRESS	183 Tramore Place
CITY - ST - ZIP	MELBOURNE BEACH FL 32951	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 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:  **THOMAS JAEGER** 3/15/98 407-952-7199

CR2E037 (10/97)