


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 05, 1999 8:00 am
Secretary of State

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03-05-1999 90052 030 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004655

1. Corporation Name
COMMUNITY PRESERVATION ALLIANCE, INC.

173443 - 90052 - 30

Principal Place of Business 1463 TROON CIR PALM CITY FL 34990 - 4428	Mailing Address 1463 TROON CIR PALM CITY FL 34990 - 4428
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/08/1997
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 31-1557723
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ENRIGHT, RICHARD E 1463 TROON CIR PALM CITY FL 34990-4428				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCOY, DORIS L PH.D	1.2 NAME	MOEHN, JAMES
STREET ADDRESS	5758 BEAUMONT AVE	1.3 STREET ADDRESS	12716 198 TH AVENUE EAST
CITY-ST-ZIP	LA JOLLA CA 92037	1.4 CITY-ST-ZIP	SUMNER, WA 98390
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENRIGHT, RICHARD E	2.2 NAME	MILLER, KIMBERLY A.
STREET ADDRESS	2326 NEWCASTLE AVE	2.3 STREET ADDRESS	4162 NORTH JODHPUR COURT
CITY-ST-ZIP	CARDIFF CA 92007	2.4 CITY-ST-ZIP	OLVIEDO, FL 32765
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENRIGHT, RICHARD E JR.	3.2 NAME	
STREET ADDRESS	1463 SW TROON CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, DORIS	4.2 NAME	
STREET ADDRESS	1463 TROON CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GORDON	5.2 NAME	
STREET ADDRESS	1463 TROON CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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)(l), 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, with all other like empowered.

SIGNATURE: Richard E. Enright DATE: 2/8/99 DAYTIME PHONE #: 561-283-2489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)