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May 06, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005778

1. Corporation Name
SUBURBAN ESTATES PRESERVATION ASSOCIATION, INC.

Principal Place of Business P.O. BOX 701303 ST. CLOUD FL 34770-1303	Mailing Address P.O. BOX 701303 ST. CLOUD FL 34770-1303
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 10/08/1998	4. FEI Number 59-3567441 Applied For 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
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9. Name and Address of Current Registered Agent

JONES, RANDY C
 2311 UNDERWOOD AVENUE
 ST. CLOUD FL 34771

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JONES, RANDY C	
STREET ADDRESS	2311 UNDERWOOD AVE	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CLARK, TERRY	
STREET ADDRESS	5140 N APOPKA-VINELAND RD	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WITHERINGTON, JEAN	
STREET ADDRESS	2595 N NARCOSSEE RD	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YARBOROUGH, DEANNA	
STREET ADDRESS	590 E 10TH STREET	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARDY, JACK	
STREET ADDRESS	175 GLEN ESTATE BLVD	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VERSPRILL, VAL	
STREET ADDRESS	707 S OXALIS AVE	
CITY-ST-ZIP	ORLANDO FL 32807	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HERDON, DORIS	
1.3 STREET ADDRESS	3790 NEW HAVEN AV.	
1.4 CITY-ST-ZIP	W. MELBOURNE, FL. 32904	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SISSON, CHRIS	
2.3 STREET ADDRESS	666 CALIFORNIA AV.	
2.4 CITY-ST-ZIP	OCFEE, FL. 34761	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GRISSOM, ROD	
3.3 STREET ADDRESS	5508 8 MILE RD.	
3.4 CITY-ST-ZIP	ST. CLOUD, FL. 34773	
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, with all other like empowered.

SIGNATURE: *Randy C. Jones* RECHANGED C. JONES 1-16-99 407-957-8781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)