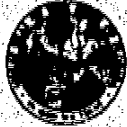


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 18 PM 10:13

DOCUMENT # **V73835** (3)

1. Corporation Name
CANTONMENT VILLAGE HOMEOWNERS AND RESIDENTS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~407 LAKEVIEW AVE~~
CANTONMENT FL 32533
US P. O. BOX 1016
CANTONMENT FL 32533
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/22/1992		3a. Date of Last Report 03/15/1994	
2. Principal Place of Business 21 DEBORAH H. EGGART Suite, Apt. #, etc.		4. FEI Number 59-3130015	
22 310 PACE PARKWAY		Applied For Not Applicable	
23 CANTONMENT, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 32533		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Escambia		7. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26		27	
28		29	
30			

9. Name and Address of Current Registered Agent DANIEL, JEFF M 407 LAKEVIEW AVE. CANTONMENT FL 32583				10. Name and Address of New Registered Agent			
				81 Name DEBORAH H. EGGART			
				82 Street Address (P.O. Box Number is Not Acceptable) 310 PACE PARKWAY			
				83			
				84 City CANTONMENT		85 Zip Code 32533	

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 607.0506, Florida Statutes.

SIGNATURE Deborah H. Eggart Deborah H. Eggart 4/10/95
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	PD	1.1 TITLE	PIP DEBORAH H. EGGART <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, JEFF M	1.2 NAME	
STREET ADDRESS	407 LAKEVIEW AVE.	1.3 STREET ADDRESS	310 PACE PARKWAY
CITY-ST-ZIP	CANTONMENT FL	1.4 CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	VPD	2.1 TITLE	NA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGGART, DEBORAH H	2.2 NAME	
STREET ADDRESS	310 PACE PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, JOHN C.	3.2 NAME	
STREET ADDRESS	303 WEGNER AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALDSON, MARYLOU	4.2 NAME	
STREET ADDRESS	428 FORREST AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: John C. Powell JOHN C. POWELL, TREASURER 4/5/95 (904) 968-0002
Signature and typed or printed name of signing officer or director Date (Type/Phone #)