

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 719105 (9)
1. Corporation Name
MONTECRISTI COUNTRY CLUB APARTMENTS, INC.



Principal Place of Business Mailing Address
**1101 CRYSTAL LAKE DRIVE
POMPANO BEACH FL 33064**

3. Date incorporated or Qualified **03/06/1970** 3a. Date of Last Report **01/27/1995**
4. FEI Number **59-1358730** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**BECKER, POLIAKOFF & STREIFELD, P.A
3111 STIRLING RD.
FT. LAUDERDALE FL 33312-3525**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDERMAN, DONALD	1.2 NAME	
STREET ADDRESS	1101 CRYSTAL LAKE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	1.4 CITY-ST-ZIP	33064
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, L DONALD	2.2 NAME	
STREET ADDRESS	1101 CRYSTAL LAKE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	2.4 CITY-ST-ZIP	33064
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYDE, BETTY	3.2 NAME	
STREET ADDRESS	1101 CRYSTAL LAKE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	3.4 CITY-ST-ZIP	33064
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, ESTHER	4.2 NAME	
STREET ADDRESS	1101 CRYSTAL LAKE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	4.4 CITY-ST-ZIP	33064
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, CHARLES	5.2 NAME	
STREET ADDRESS	1101 CRYSTAL LAKE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	5.4 CITY-ST-ZIP	33064
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	SD
STREET ADDRESS		6.3 STREET ADDRESS	RUTH ANDERS ON
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1101 CRYSTAL LAKE DR. POMPANO BEACH, FL 33064

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald Alderman* DONALD ALDERMAN D.P. 4/1/96 954 942 2133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)