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May 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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
1101 CRYSTAL LAKE DRIVE POMPANO BEACH FL 33064-1987

3. Date Incorporated or Qualified 03/06/1970
3a. Date of Last Report 04/05/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1358730	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BECKER, POLIAKOFF & STREIFELD, P.A 3111 STIRLING RD. FT. LAUDERDALE FL 33312-3525		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 _____ (NOTE Registered Agent signature required when reappointing) DATE _____

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	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYDE, BETTY	2.2 NAME	
STREET ADDRESS	1101 CRYSTAL LAKE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 00000	2.4 CITY-ST-ZIP	33064
TITLE	ASX <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, ESTHER	3.2 NAME	
STREET ADDRESS	1101 CRYSTAL LAKE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	3.4 CITY-ST-ZIP	33064
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTHY, CHARLES	4.2 NAME	VD RICHARD SAURS
STREET ADDRESS	1101 CRYSTAL LAKE DR.	4.3 STREET ADDRESS	1101 CRYSTAL LAKE DR.
CITY-ST-ZIP	POMPANO BCH FL	4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, RUTH	5.2 NAME	D HOWARD NOFFSINGER
STREET ADDRESS	1101 CRYSTAL LAKE DR	5.3 STREET ADDRESS	1101 CRYSTAL LAKE DR
CITY-ST-ZIP	POMPANO BCH FL	5.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D DONALD BROOKS
STREET ADDRESS		6.3 STREET ADDRESS	1101 CRYSTAL LAKE DR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064

14. I do 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: *[Signature]* DONALD ALDERMAN 5/17/97 954-942-2133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022048

CR2E037 (9/96)