


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90158 028 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719105**

1. Corporation Name  
**MONTECRISTI COUNTRY CLUB APARTMENTS, INC.**

Principal Place of Business 1101 CRYSTAL LAKE DRIVE POMPANO BEACH FL 33064	Mailing Address 1101 CRYSTAL LAKE DRIVE POMPANO BEACH FL 33064
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/06/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1358730
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	Zip 29	Country 30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		

9. Name and Address of Current Registered Agent <b>BECKER, POLIAKOFF &amp; STREIFELD, P.A</b> <b>3111 STIRLING RD.</b> <b>FT. LAUDERDALE FL 33312-3525</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 reinstating) DATE \_\_\_\_\_

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

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: Donald Alderman 26 FEB 1999 954942 2133  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)