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Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 725625 (8)

1. Corporation Name

HUTCHINSON HOUSE CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

1550 NE OCEAN BLVD.  
STUART FL 34996  
US

1550 NE OCEAN BLVD.  
G-101  
STUART FL 34996-1570  
US

3. Date Incorporated or Qualified  
02/22/1973

3a. Date of Last Report  
03/29/1996

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

30

4. FEI Number

59-1575104

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAZMIER, TIMOTHY  
662 NE OCEAN BLVD  
STUART FL 34996

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/6/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  DELETE  
NAME ~~DEAN, STANLEY~~  
STREET ADDRESS ~~1550 NE OCEAN BLVD #A107~~  
CITY-ST-ZIP STUART FL

1.1 TITLE VD  Change  Addition  
1.2 NAME KEN MILLER  
1.3 STREET ADDRESS 1555 NE OCEAN BLVD N401  
1.4 CITY-ST-ZIP

TITLE PD  DELETE  
NAME ~~BRANTLEY, W. LAWRENCE JR~~  
STREET ADDRESS ~~1555 NE OCEAN BLVD #N306~~  
CITY-ST-ZIP STUART FL 34996

2.1 TITLE PD  Change  Addition  
2.2 NAME BOB BAXTER  
2.3 STREET ADDRESS 1550 NE OCEAN BLVD F104  
2.4 CITY-ST-ZIP

TITLE ~~D~~  DELETE  
NAME ~~THORNE, SUZANNE~~  
STREET ADDRESS 1550 NE OCEAN BLVD A202  
CITY-ST-ZIP STUART FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME ~~BINGHAM, BARBARA~~  
STREET ADDRESS ~~1550 NE BLVD #304F~~  
CITY-ST-ZIP STUART FL

4.1 TITLE SD  Change  Addition  
4.2 NAME WALTER M. CURDY  
4.3 STREET ADDRESS 1555 NE OCEAN BLVD N 306  
4.4 CITY-ST-ZIP

TITLE VD  DELETE  
NAME ~~FOWLER, NANCY~~  
STREET ADDRESS ~~1550 NE OCEAN BLVD #A305~~  
CITY-ST-ZIP STUART FL

5.1 TITLE VD  Change  Addition  
5.2 NAME JIM SHERRARD  
5.3 STREET ADDRESS 1550 NE OCEAN BLVD. A101  
5.4 CITY-ST-ZIP 34996

TITLE TD  DELETE  
NAME ~~MANSFIELD, CHARLES~~  
STREET ADDRESS ~~1550 NE OCEAN BLVD A206~~  
CITY-ST-ZIP STUART FL

6.1 TITLE TD  Change  Addition  
6.2 NAME GENE FOWLER  
6.3 STREET ADDRESS 1550 NE OCEAN BLVD A305  
6.4 CITY-ST-ZIP 34996

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: KEN MILLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/97 561 225 2374

DATE

Daytime Phone # 0072124

CR2E037 (9/96)