

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90163 045 ****61.25

0075634

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 725625

1. Corporation Name

HUTCHINSON HOUSE CONDOMINIUM, INC.

Principal Place of Business

1550 NE OCEAN BLVD.
 STUART FL 34996
 US

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/22/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1575104

Applied For
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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

[Handwritten Signature]

3/6/99

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	VD	<input type="checkbox"/> DELETE
NAME	MILLER, KEN	
STREET ADDRESS	1555 NE OCEAN BLVD, N401	
CITY-ST-ZIP	STUART FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BAXTER, BOB	
STREET ADDRESS	1550 NE OCEAN BLVD, F104	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PRICE, RICHARD	
STREET ADDRESS	1550 NE OCEAN BLVD, A-205	
CITY-ST-ZIP	STUART FL 34996	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SHERRARD, JIM	
STREET ADDRESS	1550 NE OCEAN BLVD, A101	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FOWLER, GENE	
STREET ADDRESS	1550 NE OCEAN BLVD, A305	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STOCKMAN, BILL	
1.3 STREET ADDRESS	1550 NE OCEAN BLVD	
1.4 CITY-ST-ZIP	STUART, FLORIDA 34996	
2.1 TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRANTLEY, LARRY	
2.3 STREET ADDRESS	1550 NE OCEAN BLVD	
2.4 CITY-ST-ZIP	STUART FLORIDA 34996	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HUDGEN, GLORIA	
3.3 STREET ADDRESS	1550 NE OCEAN BLVD	
3.4 CITY-ST-ZIP	STUART FLORIDA 34996	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FRANZ, SAM	
4.3 STREET ADDRESS	1530 NE OCEAN BLVD.	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FLICK, LOU ANN	
5.3 STREET ADDRESS	1550 NE OCEAN BLVD	
5.4 CITY-ST-ZIP	STUART, FLORIDA 34996	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TOWNE, JERRY	
6.3 STREET ADDRESS	1550 NE OCEAN BLVD	
6.4 CITY-ST-ZIP	STUART FLORIDA 34996	

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)