

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 # **736540** (6)
1. Corporation Name
THE 19TH HOLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **2400 EAGLE DRIVE MELBOURNE FL 32935**
Mailing Address: **2400 EAGLE DRIVE MELBOURNE FL 32935**

3. Date Incorporated or Qualified: **08/04/1976**
3a. Date of Last Report: **04/07/1995**
4. FEI Number: **59-1704376**
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: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**BLAIR, JAMES
2503 A BOGEY LANE
MELBOURNE, FL
32935**

10. Name and Address of New Registered Agent
**81 Name SOTER, NANCY
82 Street Address (P.O. Box Number is Not Acceptable) 2500-D EAGLE DRIVE
83
84 City MELBOURNE FL 85 32935**

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, both in the State of Florida. Such action was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 617.0503, Florida Statutes.

SIGNATURE: **NANCY SOTER PRESIDENT BOARD OF DIRECTORS** DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HORAL, PAUL	
STREET ADDRESS	2475-C EAGLE DR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROSS, BETTY	
STREET ADDRESS	2550-B EAGLE DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WELLS, LINDA	
STREET ADDRESS	2475 H EAGLE DR.	
CITY-ST-ZIP	MELBOURNE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ENGLAND, CLIFFORD	
STREET ADDRESS	2503-E BOGEY LANE	
CITY-ST-ZIP	MELBOURNE, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	AMMON, GEORGE	
STREET ADDRESS	435 NORWOOD AVE	
CITY-ST-ZIP	SATELLITE BCH, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLAIR, JAMES	
STREET ADDRESS	2503 A BOGEY LANE	
CITY-ST-ZIP	MELBOURNE, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SOTER, Nancy	
3.3 STREET ADDRESS	2500-D Eagle Dr	
3.4 CITY-ST-ZIP	Melbourne, FL. 32935	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: **NANCY SOTER PRESIDENT** 1 APR 96 407-752-5512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)