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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32935-3586
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3. Date Incorporated or Qualified 08/04/1976	3a. Date of Last Report 03/14/1996
4. FEI Number 59-1704376	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**SOTER, NANCY
2500-D EAGLE DR
MELBOURNE, FL
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HORAL, PAUL	
STREET ADDRESS	2475-C EAGLE DR.	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, BETTY	
STREET ADDRESS	2550-B EAGLE DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SOTER, NANCY	
STREET ADDRESS	2500-D EAGLE DR	
CITY-ST-ZIP	MELBOURNE, FL 00000	
TITLE	VD	<input checked="" 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	VD	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TD
2.3 STREET ADDRESS	TRUDD, RUBY
2.4 CITY-ST-ZIP	2500 H EAGLE DR MELBOURNE, FL 32935
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VD
4.3 STREET ADDRESS	PHILIP HANSEN
4.4 CITY-ST-ZIP	2503 E BOGEY LN MELBOURNE, FL 32935
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	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VD
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Nancy Soter REQUIRED NANCY SOTER 15 APR 97 242-8621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0019499

CR2E037 (9/96)