

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 16 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>2400 EAGLE DRIVE MELBOURNE FL 32935</b>	Mailing Address <b>2400 EAGLE DRIVE MELBOURNE FL 32935</b>
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3. Date Incorporated or Qualified  
**08/04/1976**

4. FEI Number  
**59-1704376**

Applied For  
 Not Applicable

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

6. Certificate of Status Desired  **\$8.75 Additional Fee Required**

8. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

**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 Nancy Soter Nancy Soter, President 9 MAR 98  
Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating. DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MORAL, PAUL</b>	
STREET ADDRESS	<b>2475 C EAGLE DR.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RUDD, RUBY</b>	
STREET ADDRESS	<b>2500 H EAGLE DR</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SOTER, NANCY</b>	
STREET ADDRESS	<b>2500-D EAGLE DR</b>	
CITY-ST-ZIP	<b>MELBOURNE, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HANSEN, PHYLIS</b>	
STREET ADDRESS	<b>2504 E BOGEY LN</b>	
CITY-ST-ZIP	<b>MELBOURNE, FL 00000</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>AMMON, GEORGE</b>	
STREET ADDRESS	<b>435 NORWOOD AVE</b>	
CITY-ST-ZIP	<b>SATELLITE BCH, FL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BLAIR, JAMES</b>	
STREET ADDRESS	<b>2503 A BOGEY LANE</b>	
CITY-ST-ZIP	<b>MELBOURNE, FL 00000</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SIRIAS, RICHARD</b>
1.3 STREET ADDRESS	<b>2450 WALK WASHINGTON RD</b>
1.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32935</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BOULTON, FRED</b>
2.3 STREET ADDRESS	<b>2500 G EAGLE DR</b>
2.4 CITY-ST-ZIP	<b>MELBOURNE, FL 32935</b>
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 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the information 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.

SIGNATURE [Signature]

CR2E037 (10/97)