


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739539 (5)**

1. Corporation Name  
**XANADU BY THE SEA PROPERTY OWNERS ASSOCIATION, I NC.**



Principal Place of Business <b>502 XANADU PLACE JUPITER FL 33477</b>	Mailing Address <b>502 XANADU PLACE JUPITER FL 33477-6443</b>
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3. Date Incorporated or Qualified <b>06/30/1977</b>		3a. Date of Last Report <b>05/10/1996</b>	
2. Principal Place of Business		4. FEI Number <b>59-2035283</b>	
21. Suite, Apt. #, etc.		Applied For Not Applicable	
22. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SHREWSBURY, JULIE 107 XANADU PLACE JUPITER FL 33477</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: *Julie A. Shrewsbury* (NOTE: Registered Agent signature required when reinstating) DATE: **April 25, 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SHREWSBURY, JULIE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHREWSBURY, JULIE	1.2 NAME	
STREET ADDRESS	107 XANADU PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	1.4 CITY-ST-ZIP	
TITLE	VPD DIGIOVANNI, LOUIS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGIOVANNI, LOUIS	2.2 NAME	
STREET ADDRESS	703 XANADU PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	2.4 CITY-ST-ZIP	
TITLE	SD ROBERTS, AMY	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, AMY	3.2 NAME	
STREET ADDRESS	201 XANADU PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	3.4 CITY-ST-ZIP	
TITLE	TD SWEENEY, LORRAINE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEENEY, LORRAINE	4.2 NAME	
STREET ADDRESS	900 XANADU PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	4.4 CITY-ST-ZIP	
TITLE	D MARKER, STAN	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKER, STAN	5.2 NAME	
STREET ADDRESS	102 XANADU PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: *Julie A. Shrewsbury* DATE: **April 25, 1997 (56) 744-2371**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0044582**

CR2E037 (9/96)