


FILE NOW: FILING FEE IS \$61.25

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Apr 01, 1999 8:00 am  
Secretary of State

04-01-1999 90118 004 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 739539</b> 1. Corporation Name <b>XANADU BY THE SEA PROPERTY OWNERS ASSOCIATION, I NC.</b>		
Principal Place of Business 502 XANADU PLACE JUPITER FL 33477	Mailing Address 502 XANADU PLACE JUPITER FL 33477	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/30/1977	4. FEI Number 59-2035283	Applied For 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	

9. Name and Address of Current Registered Agent SHREWSBURY, JULIE 107 XANADU PLACE JUPITER FL 33477	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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: *James McLane* DATE: 3-13-99  
(NOTE: Registered Agent signature required when reinstating)

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 HOWSE, GAILA	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWSE, GAILA	2.2 NAME	Shurck, Frank
STREET ADDRESS	702 XANADU PLACE	2.3 STREET ADDRESS	704 Xanadu A
CITY-ST-ZIP	JUPITER FL 33477	2.4 CITY-ST-ZIP	Jupiter, FL 33477
TITLE	SD GROSSMAN, EVLYN	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROSSMAN, EVLYN	3.2 NAME	Sec/Treas
STREET ADDRESS	306 XANADU PLACE	3.3 STREET ADDRESS	McLane, James
CITY-ST-ZIP	JUPITER FL 33477	3.4 CITY-ST-ZIP	205 Xanadu Pl
TITLE	TD SWEENEY, LORRAINE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWEENEY, LORRAINE	4.2 NAME	Serafin, Ed
STREET ADDRESS	900 XANADU PLACE	4.3 STREET ADDRESS	606 Xanadu Pl
CITY-ST-ZIP	JUPITER FL 33477	4.4 CITY-ST-ZIP	Jupiter, FL 33477
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 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: *James McLane Sec/Treas* DATE: 3-13-99 DAYTIME PHONE #: 561-743-4125

CR2E037 (11/98)