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FILED
Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **746734** (3)

CORPORATION NAME
COUNTRY CLUB APARTMENTS OF MILES GRANT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 5111 S.E. MILES GRANT RD. BOX 105A STUART FL 34997	Mailing Address 5111 S.E. MILES GRANT RD. BOX 105A STUART FL 34997
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3. Date Incorporated or Qualified
04/13/1979

4. FEI Number
59-1917981

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt #, etc.	Suite, Apt #, etc.
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 22	City & State 27
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 23	Country 28	Zip 29	Country 30
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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	10. Name and Address of New Registered Agent
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HELLEBERG, ALFRED
5111 MILES GRANT RD., APT. 205
STUART FL 34997

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BILOTTA, JOSEPH	
STREET ADDRESS	5111 SE MILES GRANT 101	
CITY-ST-ZIP	STUART, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BREWER, GORDON	
STREET ADDRESS	5111 SE MILES GRANT RD #105	
CITY-ST-ZIP	STUART, FL 00000	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	HELLEBERG, ALFRED	
STREET ADDRESS	5111 SE MILES GRANT RD #205	
CITY-ST-ZIP	STUART, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HELLEBERG, ALFRED	
STREET ADDRESS	5111 SE MILES GRANT 205	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SECRETARY SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NORMA SINCLAIR
3.3 STREET ADDRESS	5111 SE MILES GRANT RD # 202
3.4 CITY-ST-ZIP	STUART, FL 34997
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 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: *Alfred R. Helleberg* ALFRED R. HELLEBERG
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: _____ DAYTIME PHONE: 561-283-3743

CR2E037 (10/97)