

41-97 B-3842 C
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 Apr 01 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 # 749695 (3)
 1. Corporation Name
CANOE CREEK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 1147 PALM CITY FL 34990	Mailing Address P.O. BOX 1147 PALM CITY FL 34991-1147
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

3. Date Incorporated or Qualified 11/07/1979	3a. Date of Last Report 03/05/1996
4. FEI Number 59-2374960	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCINTYRE, WILLIAM C
 900 EAST OCEAN BLVD., SUITE 142
 STUART FL 34994**

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KILINSKI, JOSEPH		1.2 NAME	
STREET ADDRESS 3534 SW CANOE PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP PALM CITY FL		1.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BRINK, JONATHAN		2.2 NAME HUMPHREYS, KERRY	
STREET ADDRESS 776 SW WOOD CREEK DRIVE		2.3 STREET ADDRESS 1046 SW WOODCREEK DRIVE	
CITY-ST-ZIP PALM CITY FL		2.4 CITY-ST-ZIP PALM CITY, FL 34990	
TITLE DS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURKHARDT, DENISE		3.2 NAME	
STREET ADDRESS 677 SW WOOD CREEK DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP PALM CITY FL		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRABANT, CAROLYN J		4.2 NAME	
STREET ADDRESS 5385 S.E. 52ND AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP STUART FL 34997		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HUMPHREYS, KERRY		5.2 NAME COPPOLLETTA, RICHARD	
STREET ADDRESS 1046 SW WOODCREEK DRIVE		5.3 STREET ADDRESS 3395 SW CANOE PLACE	
CITY-ST-ZIP PALM CITY FL		5.4 CITY-ST-ZIP PALM CITY, FL 34990	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEIMER, CLARK JR.		6.2 NAME	
STREET ADDRESS 3504 SW ASPEN PLACE		6.3 STREET ADDRESS	
CITY-ST-ZIP PALM CITY FL		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: _____ DATE: 3/17/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Joseph Kilinski**
 Daytime Phone # 0071798

CR2E037 (9/96)