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Mar 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 # 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 34990
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3. Date Incorporated or Qualified 11/07/1979	
4. FEI Number 59-2374960	Applied For <input type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 _____ 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	P KILNSKI, JOSEPH 3534 SW CANOE PLACE PALM CITY FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P Butz, David 776 SW Wood Creek Drive Palm City, FL 34990
TITLE	VP HUMPHREYS, KERRY 1046 S.W. WOODCREEK DRIVE PALM CITY FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP Kilinski, Pamela 3534 SW Canoe Place Palm City, FL 34990
TITLE	DS BURKHARDT, DENISE 677 SW WOOD CREEK DRIVE PALM CITY FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DS Quigley, Dana 3594 SW Canoe Place Palm City, FL 34990
TITLE	TD BRABANT, CAROLYN J 5385 S.E. 52ND AVE. STUART FL 34997	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD Brabant, Carolyne J. 5385 SE 52nd Avenue Stuart, FL 34997
TITLE	D COPPOLLETTA, RICHARD 3395 S.W. CANOE PLACE PALM CITY FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D Dickmeyer, James 657 SW Wood Creek Drive Palm City, FL 34990
TITLE	D WEIMER, CLARK JR. 3504 SW ASPEN PLACE PALM CITY FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D Burkhardt, Thomas 677 SW Wood Creek Drive Palm City, FL 34990

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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: *Sandra B. Mortham* 3/13/98 561 286 8762

CR2E037 (10/97)