


FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90080 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763144
 1. Corporation Name
CENTRE COURT I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2121 COLLIER AVENUE FT MYERS FL 33901	Mailing Address 2121 COLLIER AVENUE #200 FT MYERS FL 33901 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/06/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 31-1009471 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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 PRISCILLA MURPHY REALTY, INC. 13831 VECTOR AVE STE. #105 FT. MYERS FL 33907		10. Name and Address of New Registered Agent 81 Name SPS, Inc 82 Street Address (P.O. Box Number is Not Acceptable) 3049 Cleveland Avenue 83 Loft 84 City Fort Myers FL 85 Zip Code 33901	
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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 *[Signature]* DATE **4/29/99**
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 D	<input type="checkbox"/> DELETE	1.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONTI, DOLORES		1.2 NAME	
STREET ADDRESS 2121 COLLIER AVENUE #207		1.3 STREET ADDRESS	
CITY-ST-ZIP FT MYERS FL		1.4 CITY-ST-ZIP P	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Brewer, Lloyd	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, ED		2.2 NAME 2121 Collier Ave	
STREET ADDRESS 2121 COLLIER AVE #205		2.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL		2.4 CITY-ST-ZIP FT MYERS FL 33901	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Tews, Myrna	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEISTER, LESTER		3.2 NAME 2121 Collier Ave	
STREET ADDRESS 2121 COLLIER AVENUE #415		3.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL		3.4 CITY-ST-ZIP FT MYERS FL 33901	
TITLE P	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAMILTON, BOB		4.2 NAME Gardner, Ken	
STREET ADDRESS 2121 COLLIER AVE, #118		4.3 STREET ADDRESS 2121 Collier Ave	
CITY-ST-ZIP FT. MYERS FL		4.4 CITY-ST-ZIP FT MYERS FL 33901	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TASLER, BUD		5.2 NAME	
STREET ADDRESS 2121 COLLIER AVE #208		5.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME Casey, Clyde	
STREET ADDRESS		6.3 STREET ADDRESS 2121 Collier Ave	
CITY-ST-ZIP		6.4 CITY-ST-ZIP FT MYERS FL 33901	

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: *[Signature]* DATE **4-12-99** DAYTIME PHONE # **939-1617**
Signature and typed or printed name of signing officer or director

CR2E037-11/98