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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765820

1. Corporation Name
CORKSCREW WOODLANDS ASSOCIATION, INC.

Principal Place of Business 21600 CORKSCREW WOODLANDS BLVD. ESTERO FL 33928	Mailing Address 21600 CORKSCREW WOODLANDS BLVD. ESTERO FL 33928
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified. 11/19/1982	4. FEI Number 59-2264345	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		

9. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAXTON, JACK	
STREET ADDRESS	10949 GROUND DOVE CIRCLE	
CITY-ST-ZIP	ESTERO FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BIGEL, SAUL	
STREET ADDRESS	10923 LIMPKIN CIRCLE	
CITY-ST-ZIP	ESTERO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARTER, MARY	
STREET ADDRESS	10722 ROSEATE SPOONBILL CIRCLE	
CITY-ST-ZIP	ESTERO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TAYLOR, CARL	
STREET ADDRESS	10931 SNOWY EGRET CIRCLE	
CITY-ST-ZIP	ESTERO FL	
TITLE	ASTD	<input type="checkbox"/> DELETE
NAME	SHATTUCK, DONALD	
STREET ADDRESS	10951 SNOWY EGRET CIRCLE	
CITY-ST-ZIP	ESTERO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STOUT, JOHN	
STREET ADDRESS	10845 WHITE WOOD STORK	
CITY-ST-ZIP	ESTERO FL 33928	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PAUL TIMMERMAN	
1.3 STREET ADDRESS	10953 SNOWY EGRET CIRCLE	
1.4 CITY-ST-ZIP	ESTERO, FL 33928	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SHIRLEY WOODY	
2.3 STREET ADDRESS	10714 YELLOW RAIL CIRCLE	
2.4 CITY-ST-ZIP	ESTERO, FL 33928	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	BOARD MEMBER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BILL BROOKS	
6.3 STREET ADDRESS	10921 LEAST TERN CIRCLE	
6.4 CITY-ST-ZIP	ESTERO, FL 33928	

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 REQUIRED _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)