

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER 07/07/1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

AMENDMENT

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767108 (4)
 1. Corporation Name
America Outdoors Condominium Assn. Inc

Principal Place of Business Mailing Address
16900 S Tamiami Trail Ft Myers, FL 33908 *16900 S Tamiami Tr. Ft Myers, FL 33908*

21. Principal Place of Business	22. Mailing Address
22. Suite, Apt. #, etc.	23. Suite, Apt. #, etc.
23. City & State	24. City & State
24. Zip	25. Country
26. Zip	27. Country

3. Date Incorporated or Qualified <i>02/21/1983</i>	3a. Date of Last Report <i>02/13/1995</i>
4. FEI Number <i>59-2375877</i>	Applied For <input type="checkbox"/>
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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Marilyn R. Myli
16900 S. Tamiami Trail
Ft Myers, FL 33908

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: *Marilyn R. Myli* DATE: *6/24/96*

12. OFFICERS AND DIRECTORS

TITLE	<i>Treasurer - Director</i>	<input type="checkbox"/> DELETE
NAME	<i>Martha Post - W 78</i>	
STREET ADDRESS	<i>16900 S Tamiami Tr</i>	
CITY - ST - ZIP	<i>Ft Myers, FL</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<i>President - Director</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<i>Ron Baeknick</i>	
13. STREET ADDRESS	<i>16900 S. Tamiami Tr. - B-38</i>	
14. CITY - ST - ZIP	<i>Ft Myers, FL 33908</i>	
21. TITLE	<i>Vice President + Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<i>Wayne Kuckbahn</i>	
23. STREET ADDRESS	<i>16900 S. Tamiami Tr. - W-44</i>	
24. CITY - ST - ZIP	<i>Ft Myers, FL 33908</i>	
31. TITLE	<i>Director</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	<i>Richard Blackman</i>	
33. STREET ADDRESS	<i>16900 S. Tamiami Tr - B-54</i>	
34. CITY - ST - ZIP	<i>Ft Myers, FL 33908</i>	
41. TITLE	<i>Director</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	<i>John Willits</i>	
43. STREET ADDRESS	<i>16900 S Tamiami Trail - B-83</i>	
44. CITY - ST - ZIP	<i>Ft Myers, FL 33908</i>	
51. TITLE	<i>fee</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS	<i>400001914884</i>	
54. CITY - ST - ZIP	<i>-08/07/96--01015--042</i>	
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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: *Martha L. Post* - Treasurer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)

8/6/92