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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767108 (4)
1. Corporation Name
AMERICA OUTDOORS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
16900 S. TAMiami TRAIL FT. MYERS FL 33908
16900 S. TAMiami TRAIL FT. MYERS FL 33908-4509

3. Date Incorporated or Qualified 02/21/1983
3a. Date of Last Report 01/23/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 59-2375877 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MYLI, MARILYN R.
16900 S. TAMiami TRAIL
FT. MYERS FL 33908
10. Name and Address of New Registered Agent
81 Name Martha Post
82 Street Address (P.O. Box Number is Not Acceptable) 16900 S. Tamiami Tr - W78
83 Ft Myers
84 City FL 85 Zip Code 33908

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 Martha L Post
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres./Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACKNICK, RON	1.2 NAME	Martha L. Post
STREET ADDRESS	16900 S. TAMiami TRAIL-B-38	1.3 STREET ADDRESS	16900 S Tamiami Tr - W-78
CITY-ST-ZIP	FT. MYERS FL 33908	1.4 CITY-ST-ZIP	Ft Myers, FL 33908
TITLE	V/S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice Pres./ Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUCKKAHN, WAYNE	2.2 NAME	Ed Postka
STREET ADDRESS	16900 S. TAMiami TRAIL-W-44	2.3 STREET ADDRESS	16900 S Tamiami Tr - W-43
CITY-ST-ZIP	FT. MYERS FL 33908	2.4 CITY-ST-ZIP	Ft Myers, FL 33908
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Sec./ Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKMAN, RICHARD	3.2 NAME	Wayne Kuckkahn
STREET ADDRESS	16900 S. TAMiami TRAIL-B-54	3.3 STREET ADDRESS	16900 S Tamiami Tr - W-44
CITY-ST-ZIP	FT. MYERS FL 33908	3.4 CITY-ST-ZIP	Ft Myers, FL 33908
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treas./ Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLITS, JOHN	4.2 NAME	George Novatny
STREET ADDRESS	16900 S. TAMiami TRAIL-B-83	4.3 STREET ADDRESS	16900 S Tamiami Tr. R-51
CITY-ST-ZIP	FT. MYERS FL 33908	4.4 CITY-ST-ZIP	Ft Myers, FL 33908
TITLE	T/D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POST, MARTY	5.2 NAME	Ron Backnick
STREET ADDRESS	16900 S. TAMiami TRAIL-W-78	5.3 STREET ADDRESS	16900 S Tamiami Tr - B-38
CITY-ST-ZIP	FT. MYERS FL 33908	5.4 CITY-ST-ZIP	Ft Myers, FL 33908
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Jim Pierce
STREET ADDRESS		6.3 STREET ADDRESS	16900 S Tamiami Tr. W-45
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ft Myers, FL 33908

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Martha L Post
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)