

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 04 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 # 767108 (4)
 1. Corporation Name
AMERICA OUTDOORS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 16900 S. TAMiami TRAIL FT. MYERS FL 33908	Mailing Address 16900 S. TAMiami TRAIL FT. MYERS FL 33908
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3. Date Incorporated or Qualified 02/21/1983	
4. FEI Number 59-2375877	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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**Mr. Douglas Spathelf, CAM
 America Outdoors Condominium Association, Inc.
 16900 So. Tamiami Trail
 Fort Myers, FL 33908-4509**

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: Douglas Spathelf, CAM DATE: July 2, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PRES	NAME D BACKNICK, RON	<input type="checkbox"/> DELETE
STREET ADDRESS 16900 S TAMiami TR B-38	CITY-ST-ZIP FT MYERS FL	
TITLE TREAS	NAME TD NOVOTNY, GEORGE	<input type="checkbox"/> DELETE
STREET ADDRESS 16900 STAMiami TR R-51	CITY-ST-ZIP FT. MYERS FL	
TITLE D	NAME BLACKMAN, RICHARD	<input type="checkbox"/> DELETE
STREET ADDRESS 16900 S. TAMiami TRAIL-B-54	CITY-ST-ZIP FT. MYERS FL 33908	
TITLE PD	NAME POST, MARTHA L	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 16900 S TAMiami TR W-78	CITY-ST-ZIP FT MYERS FL	
TITLE VPD	NAME POSKA, ED	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 16900 STAMiami TR -W33	CITY-ST-ZIP FT MYERS FL	
TITLE D	NAME PIERCE, JIM	<input type="checkbox"/> DELETE
STREET ADDRESS 16900 S TAMiami TR W-45	CITY-ST-ZIP FT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P.	NAME MARTIN, CAROLE	Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1.3 STREET ADDRESS 16900 S TAMiami TR W-55	
1.4 CITY-ST-ZIP FT MYERS, FL 33908		
2.1 TITLE SEC.	NAME HAGAN, WILLIAM	Change <input checked="" type="checkbox"/> Addition
2.2 NAME	2.3 STREET ADDRESS 16900 S TAMiami TR W-42	
2.4 CITY-ST-ZIP FT MYERS, FL 33908		
3.1 TITLE bd. member	NAME KUCKKAHN, WAYNE	Change <input checked="" type="checkbox"/> Addition
3.2 NAME	3.3 STREET ADDRESS 16900 S TAMiami TR W-44	
3.4 CITY-ST-ZIP FT MYERS, 33908		
4.1 TITLE	NAME	Change <input type="checkbox"/> Addition
4.2 NAME	4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		
5.1 TITLE	NAME	Change <input type="checkbox"/> Addition
5.2 NAME	5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		
6.1 TITLE	NAME	Change <input type="checkbox"/> Addition
6.2 NAME	6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		

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: Carole Martin DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/98)