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Jan 25, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01-25-1999 90044 011 *****61.25

DOCUMENT # 767108

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

02/21/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-2375877

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPATHELF, DOUGLAS MR
16900 S. TAMiami TRAIL
FT. MYERS FL 33908-4509

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE

NAME BACKNICK, RON
STREET ADDRESS 16900 S TAMiami TR B-38
CITY-ST-ZIP FT MYERS FL

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD DELETE

NAME NOVOTNY, GEORGE
STREET ADDRESS 16900 STAMIAMI TR R-51
CITY-ST-ZIP FT. MYERS FL

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE

NAME BLACKMAN, RICHARD
STREET ADDRESS 16900 S. TAMiami TRAIL-B-54
CITY-ST-ZIP FT. MYERS FL 33908

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP DELETE

NAME MARTIN, CAROLE
STREET ADDRESS 16900 S. TAMiami TRAIL
CITY-ST-ZIP FT. MYERS FL 33908

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S DELETE

NAME HAGAN, WILLIAM
STREET ADDRESS 16900 S. TAMiami TRAIL
CITY-ST-ZIP FT. MYERS FL 33908

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE

NAME PIERCE, JIM
STREET ADDRESS 16900 S TAMiami TR W-45
CITY-ST-ZIP FT MYERS FL

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Carole Martin
SIGNATURE AND TYPE OF OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)