

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N00511** (8)
1. Corporation Name
THE ESTATES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
22151 SHOREWIND DRIVE **22151 SHOREWIND DRIVE**
BOCA RATON FL 33428 **BOCA RATON FL 33428-4707**
US **US**

3. Date Incorporated or Qualified **12/21/1983** 3a. Date of Last Report **02/13/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	4. FEI Number 59-2376493 Applied For 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	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

10. Name and Address of New Registered Agent

VALYO, PAUL
22151 SHOREWIND DRIVE
BOCA RATON FL 33428

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

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GAMMON, NANETTE	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD, SUITE 1100	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BARCLAY, DAVID	
STREET ADDRESS	2541 METROCENTRE BLVD, SUITE 1	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CASSELLA, AUGUST	
STREET ADDRESS	8811 GULLANE COURT	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICKEL, ROBERT	
STREET ADDRESS	5701 13TH STREET, STE 300	
CITY-ST-ZIP	TAMARAC FL 33432	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WOLFE, ROBERT	
STREET ADDRESS	123 NW 13TH STREET, STE 300	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Russell Devick	
1.3 STREET ADDRESS	11640 Blackwoods Ln	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33412	
2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wayne Richards	
2.3 STREET ADDRESS	6832 Watteras Drive	
2.4 CITY-ST-ZIP	Lake Worth, FL 33467	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	E. Lloyd Eccleston, III	
4.3 STREET ADDRESS	357 Hyatt Dr	
4.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

SIGNATURE: [Signature]

CR2E037 (9/96)