

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N06510** (4)
1. Corporation Name
CLUBHOUSE COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1274 NE BUSINESS PARK PL
JENSEN BCH FL 34957
US**

Mailing Address
**1274 NE BUSINESS PK PL
JENSEN BCH FL 34957
US**

3. Date Incorporated or Qualified
12/06/1984

3a. Date of Last Report
03/06/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2547092	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADVANTAGE PROPERTY MGT., INC.
1274 NE BUSINESS PARK PL
JENSEN BCH. FL 34957**

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	<input checked="" type="checkbox"/> VD <input type="checkbox"/> DELETE
NAME	ENGEL, ROBERT
STREET ADDRESS	3990 SW GREENWOOD WAY #A
CITY-ST-ZIP	PALM CITY FL
TITLE	<input checked="" type="checkbox"/> VD <input type="checkbox"/> DELETE
NAME	VOWLES, DOREEN
STREET ADDRESS	3931 SW GREENWOOD WAY #G
CITY-ST-ZIP	PALM CITY FL
TITLE	<input checked="" type="checkbox"/> TDV <input type="checkbox"/> DELETE
NAME	MULLEN, WALTER
STREET ADDRESS	3960 SW GREENWOOD WAY #H
CITY-ST-ZIP	PALM CITY FL
TITLE	<input checked="" type="checkbox"/> SD <input type="checkbox"/> DELETE
NAME	KLINDWORTH, ALICE
STREET ADDRESS	3960 SW GREENWOOD WAY #F
CITY-ST-ZIP	PALM CITY FL
TITLE	<input checked="" type="checkbox"/> DP <input type="checkbox"/> DELETE
NAME	GILMOUR, ROBERT
STREET ADDRESS	3930 SW GREENWOOD WAY #G
CITY-ST-ZIP	PALM CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96 407-287-1974

Date

Daytime Phone #

CR2E037 (12/95)