

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 27 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 # N06949 (4)
 1. Corporation Name
WINGED FOOT COTTAGE OWNERS ASSOCIATION, INC.



Principal Place of Business 6500 MARINER SANDS DR. C/O CHARLES H. MASON STUART FL 34997	Mailing Address 6500 MARINER SANDS DR. C/O CHARLES H. MASON STUART FL 34997-8723
---	--

3. Date Incorporated or Qualified 01/03/1985	3a. Date of Last Report 07/01/1996
4. FEI Number 59-2481859	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	29
25	30

9. Name and Address of Current Registered Agent

**SHAW, DANIEL W.
6500 MARINER SANDS DR.
STUART FL 34997**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	FREEMAN, ROBERT E
STREET ADDRESS	6500 MARINER SANDS DR.
CITY-ST-ZIP	STUART FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TANNER, ROBERT
STREET ADDRESS	6500 MARINER SANDS DR
CITY-ST-ZIP	STUART FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	FULLER, JAMES C
STREET ADDRESS	6500 MARINER SANDS DR.
CITY-ST-ZIP	STUART FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	MABEY, JOYCE
STREET ADDRESS	6500 MARINER SANDS DR.
CITY-ST-ZIP	STUART FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LARKIN, RAYMOND
STREET ADDRESS	6500 MARINER SANDS DR
CITY-ST-ZIP	STUART 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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FULLER, JAMECC
3.3 STREET ADDRESS	6500 MARINER SANDS DR
3.4 CITY-ST-ZIP	STUART, FL 34997
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LARKIN, RAYMOND
5.3 STREET ADDRESS	6600 MARINER SANDS DR
5.4 CITY-ST-ZIP	STUART, FL 34997
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HANEY, DONALD
6.3 STREET ADDRESS	6500 MARINER SANDS DR
6.4 CITY-ST-ZIP	STUART, FL 34997

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.

CR2E037 (9/96)