


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED  
AND  
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55 MAY -1 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northon Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <b>N12614</b> (6) <small>1. Corporation Name</small> <b>CRACKER COVE PROPERTY OWNERS ASSOCIATION, INC.</b>		

Principal Place of Business <b>THE WARNER CORPORATION</b> 886 110th Ave. North, #7 Naples, Florida 33963	Mailing Address <b>THE WARNER CORPORATION</b> 886 110th Ave. North, #7 Naples, Florida 33963
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip County	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip County

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/18/1985</b>	3a. Date of Last Report <b>05/19/1994</b>
4. FEI Number <b>65-0135874</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for interjurisdictional tax under § 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THE WARNER CORPORATION</b> 886 110th Ave. North, #7 Naples, Florida 33963  Bryan J Warner	10. Name and Address of New Registered Agent 81 Name <b>Bryan J Warner</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 607.032 and 607.1508, 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 607.0500, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/13/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PO</b>	NAME <b>KROON, CLYTON</b>	11 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>3798 CRACKER WAY SW</b>	CITY ST ZIP <b>BONITA SPRINGS FL</b>	12 NAME <b>Donald Andrews</b>	
		13 STREET ADDRESS <b>3779 Cracker Way</b>	
		14 CITY ST ZIP <b>Bonita Springs, FL 33923</b>	
TITLE <b>VD</b>	NAME <b>VOSS, G</b>	21 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>3770 CRACKER WAY</b>	CITY ST ZIP <b>BONITA SPRINGS FL</b>	22 NAME <b>Michael Brunkins</b>	
		23 STREET ADDRESS <b>3810 Survey Circle SW</b>	
		24 CITY ST ZIP <b>Bonita Springs, FL 33923</b>	
TITLE <b>TD</b>	NAME <b>DALTON, FRANCIS</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3798 CRACKER WAY SW</b>	CITY ST ZIP <b>BONITA SPRINGS FL</b>	32 NAME	
		33 STREET ADDRESS	
		34 CITY ST ZIP	
TITLE <b>PO</b>	NAME <b>STRAFELLA, F</b>	41 TITLE <b>PO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3782 CRACKER WAY SW</b>	CITY ST ZIP <b>BONITA SPRINGS FL</b>	42 NAME <b>Frank Strafella</b>	
		43 STREET ADDRESS <b>3782 Cracker Way</b>	
		44 CITY ST ZIP <b>Bonita Springs, FL 33923</b>	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52 NAME	
CITY ST ZIP		53 STREET ADDRESS	
		54 CITY ST ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62 NAME	
CITY ST ZIP		63 STREET ADDRESS	
		64 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 110.07(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]* DATE **4-13-95** (Date)

997-2171 (Telephone #)

**FRANK J. STRAFELLA**