

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 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 # N12614 (6)
1. Corporation Name
CRACKER COVE PROPERTY OWNERS ASSOCIATION, INC.



| | |
|---|--|
| Principal Place of Business % THE WARNER CORP 886 NORTH 110TH AVE #7 NAPLES FL 33963 US | Mailing Address % THE WARNER CORP 886 N 110TH AVE #7 NAPLES FL 34108-1076 US |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/18/1985 | 3a. Date of Last Report 05/01/1996 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

| | |
|--|---|
| 4. FEI Number 65-0135874 | Applied For <input type="checkbox"/> Applied For <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**WARNER, BRYAN J.
886 NORTH 110TH AVE
STE 7
NAPLES FL 33963**

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 Bryan J Warner DATE 4/9/97

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KROON, CLIFTON H. | |
| STREET ADDRESS | 3798 CRACKER WAY SW | |
| CITY-ST-ZIP | BONITA SPRINGS FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | VOSS, G | |
| STREET ADDRESS | 3770 CRACKER WAY | |
| CITY-ST-ZIP | BONITA SPRINGS FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | DALTON, FRANCIS | |
| STREET ADDRESS | 3796 CRACKER WAY SW | |
| CITY-ST-ZIP | BONITA SPRINGS FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | STRAFELLA, F | |
| STREET ADDRESS | 3782 CRACKER WAY SW | |
| CITY-ST-ZIP | BONITA SPRINGS FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | D Frank Poli |
| 1.3 STREET ADDRESS | 3810 Survey Circle SW |
| 1.4 CITY-ST-ZIP | Bonita Springs FL 34134 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | D George Roncin |
| 2.3 STREET ADDRESS | 3826 Cracker Way |
| 2.4 CITY-ST-ZIP | Bonita Springs FL 34134 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | D Donna Sadler |
| 3.3 STREET ADDRESS | 3775 Cracker Way |
| 3.4 CITY-ST-ZIP | Bonita Springs FL 34134 |
| 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 | <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 Francois Dalton

CR2E037 (9/96)