


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 13 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N12614 (6)**  
 1. Corporation Name  
**CRACKER COVE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>% THE WARNER CORP</b> <b>886 NORTH 110TH AVE #7</b> <b>NAPLES FL 33963</b> <b>US</b>	Mailing Address <b>% THE WARNER CORP</b> <b>886 N 110TH AVE #7</b> <b>NAPLES FL 33963</b> <b>US</b>
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3. Date Incorporated or Qualified <b>12/18/1985</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0135874</b>	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>28</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b> <b>85</b> 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 \_\_\_\_\_ DATE **4/3/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KROON, CLIFTON H.</b>
STREET ADDRESS	<b>3798 CRACKER WAY SW</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>VOSS, G</b>
STREET ADDRESS	<b>3770 CRACKER WAY</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>DALTON, FRANCIS</b>
STREET ADDRESS	<b>3796 CRACKER WAY SW</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>STRAFELLA, F</b>
STREET ADDRESS	<b>3782 CRACKER WAY SW</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>POLI, FRANK</b>
STREET ADDRESS	<b>3810 SURVEY CIR., S.W.</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ROMEIN, GEORGE</b>
STREET ADDRESS	<b>3826 CRACKER WAY</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>Mr. Frank Poli</b> <b>VPD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Vice President</b>
1.3 STREET ADDRESS	<b>3810 Survey Circle SW</b>
1.4 CITY-ST-ZIP	<b>Bonita Springs, Fl 34134</b>
2.1 TITLE	<b>Mr. George Roncin</b> <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Director</b>
2.3 STREET ADDRESS	<b>3826 Cracker Way</b>
2.4 CITY-ST-ZIP	<b>Bonita Springs, Fl 34134</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: \_\_\_\_\_

CR2E037 (10/97)