


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90047 018 ****61.25

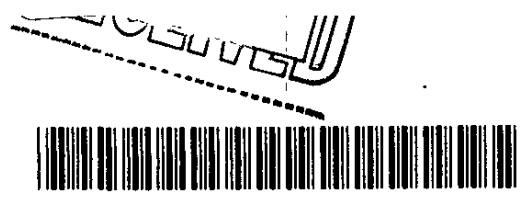
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12614

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 33963 US
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date incorporated or Qualified 12/18/1985	4. FEI Number 65-0135874
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees
24. Zip 34108	25. Country	29. Zip 34108	30. Country

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 85 Zip Code FL 34108
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLI, FRANK MR	1.2 NAME	
STREET ADDRESS	3810 SURVEY CIRCLE SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONCIN, GEORGE MR	2.2 NAME	
STREET ADDRESS	3826 CRACKER WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33134	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALTON, FRANCIS	3.2 NAME	
STREET ADDRESS	3796 CRACKER WAY SW	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAFELLA, F	4.2 NAME	
STREET ADDRESS	3782 CRACKER WAY SW	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLI, FRANK	5.2 NAME	
STREET ADDRESS	3810 SURVEY CIR., S.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 with all other like empowered.

SIGNATURE:  DATE: **1/12/99** DAYTIME PHONE #: **941-591-1800**

CR2E037 (1/98)