

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
 1. Corporation Name
 DANFORTH PROPERTY OWNERS ASSOCIATION, INC. N36844

Principal Place of Business 2100 SW MARTIN HWY PALM CITY FL 34990	Mailing Address 7601 SW LOST RIVER ROAD STUART FL 34997
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3. Date Incorporated or Qualified
02/26/1990

4. FEI Number 59-3006746	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	30. Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

JANE CORNETT
401 EAST OSCEOLA STREET, FIRST FLOOR
RIVER OAK CENTER
STUART FL 34994

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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 *George N. Sease* *Association Manager* 4-13-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	BERNICE WEICHERT		
1.3 STREET ADDRESS	2163 WATERVIEW PL		
1.4 CITY-ST-ZIP	PALM CITY FL 34990		
2.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	HOWARD SCHOLP		
2.3 STREET ADDRESS	2289 SW WATERVIEW PL		
2.4 CITY-ST-ZIP	PALM CITY FL 34990		
3.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	BILL THORNTON		
3.3 STREET ADDRESS	1817 SW AUTUMNWOOD WAY		
3.4 CITY-ST-ZIP	PALM CITY FL 34990		
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	300002492036	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME	-04/17/98--01081--010		
6.3 STREET ADDRESS	***61.25		
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: *William Thornton* *William Thornton Secretary 4/12/98* 561-221-9612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)