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FILED
Feb 26 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 # N96000002881 (8)
1. Corporation Name
UNITED STATES CROQUET ASSOCIATION, INC.



Principal Place of Business 11558 POLO CLUB RD. WEST PALM BEACH FL 33414	Mailing Address 11558 POLO CLUB RD. WEST PALM BEACH FL 33414
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3. Date Incorporated or Qualified 05/31/1996	
4. FEI Number 13-2970598 APPLIED FOR	Applied For <input 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	
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	

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
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9. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BELL, RAY	
STREET ADDRESS	2219 E. EARLL DR.	
CITY-ST-ZIP	PHOENIX AZ 85016	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERNE FREEMAN	
STREET ADDRESS	LAIDLOR BOX 8240 WEA	
CITY-ST-ZIP	BRUB HEAD NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BIDENCOPE, DAMON	
STREET ADDRESS	2500 MONTROSE CT.	
CITY-ST-ZIP	CHARLOTTE NC 28207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRACKETT, RICHARD	
STREET ADDRESS	245 E. 83RD ST., #32C	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COBBONS, MICHAEL	
STREET ADDRESS	100 ASTOR BLVD	
CITY-ST-ZIP	NEW YORK NY 10024	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUGHES, JAMES H.U.	
STREET ADDRESS	238 OLD KENNETT RD.	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PRESIDENT DANIEL J. MAHONEY, III
2.3 STREET ADDRESS	234 EL BRILLO
2.4 CITY-ST-ZIP	PALM BEACH, FL 33480
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 checked="" type="checkbox"/> Addition
5.2 NAME	SECRETARY ANNE FROST ROBINSON
5.3 STREET ADDRESS	21 VINCENT AVENUE
5.4 CITY-ST-ZIP	ONTARIO, CANADA L0S1J0
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: *Richard P. Bradstreet* **January 16, 1998** (561) 753-9141

CR2E037 (10/97)