


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N 33208 1. Corporation Name South Fork Estates Property Owners Assn., Inc. | | | |
| Principal Place of Business P.O. Box 6117 Stuart, FL 34997-6117 | | Mailing Address P.O. Box 6117 Stuart, FL 34997-6117 | |
| 2. Principal Place of Business 21 P.O. Box 6117 Suite, Apt. #, etc. | | 2a. Mailing Address 26 P.O. Box 6117 Suite, Apt. #, etc. | |
| 22 City & State 23 Stuart, FL 24 Zip 34997 25 Country Martin | | 27 City & State 28 Stuart, FL 29 Zip 33497 30 Country Martin | |
| 3. Date Incorporated or Qualified 07-07-89 | | 3a. Date of Last Report 5-6-96 | |
| 4. FEI Number 65-0272128 | | Applied For 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 William Ingram 816 SE Waterside Way Stuart, FL 34997 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | P/D William Ingram <input type="checkbox"/> DELETE | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | William Ingram | 1.1 TITLE | D Albert Godfrey |
| STREET ADDRESS | 816 SE Waterside Way | 1.2 NAME | 927 SE Waterside Way |
| CITY-ST-ZIP | Stuart, FL 34997 | 1.3 STREET ADDRESS | Stuart, FL 34997 |
| TITLE | V/D Larry Scrivani <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP | |
| NAME | Larry Scrivani | 2.1 TITLE | D Nora Catano |
| STREET ADDRESS | 790 SE Ashley Oaks Way | 2.2 NAME | 800 SE Misty Meadow Way |
| CITY-ST-ZIP | Stuart, FL 34997 | 2.3 STREET ADDRESS | Stuart, FL 34997 |
| TITLE | T/D George Riker <input type="checkbox"/> DELETE | 2.4 CITY-ST-ZIP | |
| NAME | George Riker | 3.1 TITLE | D Joy Ingram |
| STREET ADDRESS | 389 SE Ashley Oaks Way | 3.2 NAME | 816 SE Waterside Way |
| CITY-ST-ZIP | Stuart, FL 34997 | 3.3 STREET ADDRESS | Stuart, FL 34997 |
| TITLE | D Richard Martin <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP | |
| NAME | Richard Martin | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 895 SE Waterside Way | 4.2 NAME | |
| CITY-ST-ZIP | Stuart, FL 34997 | 4.3 STREET ADDRESS | |
| TITLE | D Gary Aiken <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP | |
| NAME | Gary Aiken | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 662 SE Ashley Oaks Way | 5.2 NAME | |
| CITY-ST-ZIP | Stuart, FL 34997 | 5.3 STREET ADDRESS | |
| TITLE | D David Carson <input type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP | |
| NAME | David Carson | 6.1 TITLE | |
| STREET ADDRESS | 678 SE Ashley Oaks Way | 6.2 NAME | |
| CITY-ST-ZIP | Stuart, FL 34997 | 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: William Ingram <i>William Ingram</i> | | 3-17-97 (561) 597-7431 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

CR2E037 (9/96)