

FILE NOW: FILING FEE IS \$61.25

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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39377 (9)

1. Corporation Name
HIGH POINT OF FORT PIERCE PROPERTY ASSOCIATION, INC.

Principal Place of Business 3266 SOUTH FEDERAL HIGHWAY HIGH POINT FORT PIERCE FL 34982	Mailing Address 3266 SOUTH FEDERAL HIGHWAY HIGH POINT FORT PIERCE FL 34982-6391
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2. Principal Place of Business 21	2a. Mailing Address 26 723 High Point Blvd.	3. Date Incorporated or Qualified 07/24/1990	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0225756	Applied For <input type="checkbox"/> Not Applicable
City & State 22	City & State 27 Fort Pierce, Fl. 34982	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 23	Country 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Country 24	Country 25	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORNETT, JANE L ESQ WACKEEN, CORNETT & GOODE, P.A. 401 E OSCEOLA ST STUART FL 34995	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81 Name</td> <td></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>FL</td> </tr> <tr> <td>85 Zip Code</td> <td></td> </tr> </table>	81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83		84 City	FL	85 Zip Code	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	V.P.D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALOFSKE, JACK	1.2 NAME	
STREET ADDRESS	948-A SAVANNAS POINT DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARLOW, DON	2.2 NAME	Michael Vrabel
STREET ADDRESS	010 B SAVANNAS PT. DR -	2.3 STREET ADDRESS	211-B Manatee Lane
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	Fort Pierce, FL 34982
TITLE	TSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JEAN S	3.2 NAME	
STREET ADDRESS	525 C CROOKED LAKE LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *John S. Young* **REQUIRED** **John S. Young, Secretary/Treasurer** April 10, 1997

CR2E037 (9/96)