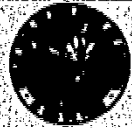


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727185 (1)
1. Corporation Name
POPLETON CREEK CONDOMINIUM ASSOCIATION INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **850 COLORADO AVE CLUB HOUSE #2 STUART FL 34994**
Mailing Address: **850 COLORADO AVE CLUB HOUSE #2 STUART FL 34994**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

3. Date incorporated or Qualified: **08/15/1973** 3a. Date of Last Report: **04/19/1994**
4. FEI Number: **59-1489743** Applied For: Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**DUNGEY, RICHARD
1000 S. FEDERAL HWY.
STUART FL 34994**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WILLIAMS, ROBERT E
STREET ADDRESS	950 COLORADO AVE E25
CITY-ST-ZIP	STUART FL
TITLE	V
NAME	GRANT, EDMOND
STREET ADDRESS	950 COLORADO AVE. #907
CITY-ST-ZIP	STUART, FL 34994
TITLE	SD
NAME	HOWELL, MARY G
STREET ADDRESS	950 COLORADO AVE C5
CITY-ST-ZIP	STUART, FL 34994
TITLE	TD
NAME	LIETZEL, DON K
STREET ADDRESS	950 COLORADO AVE A25
CITY-ST-ZIP	STUART FL
TITLE	D
NAME	GRANT, DIANE
STREET ADDRESS	950 COLORADO AVE 907
CITY-ST-ZIP	STUART, FL 00000
TITLE	D
NAME	DEMPSEY, FRANCIS
STREET ADDRESS	A3 POPPLETON CREEK
CITY-ST-ZIP	STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAMS, ROBERT E.
1.3 STREET ADDRESS	950 COLORADO AVE. E25
1.4 CITY-ST-ZIP	STUART, FL 34994
2.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GRANT, EDMOND
2.3 STREET ADDRESS	950 COLORADO AVE. #907
2.4 CITY-ST-ZIP	STUART, FL 34994
3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOWELL, MARY G.
3.3 STREET ADDRESS	950 COLORADO AVE. #C5
3.4 CITY-ST-ZIP	STUART, FL 34994
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LIETZEL, DON K.
4.3 STREET ADDRESS	950 COLORADO AVE. #A25
4.4 CITY-ST-ZIP	STUART, FL 34994
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WILSON, WILLIAM
5.3 STREET ADDRESS	950 COLORADO AVE. #504
5.4 CITY-ST-ZIP	STUART, FL 34994
6.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SOUTHERS, JOSEPH
6.3 STREET ADDRESS	950 COLORADO AVE. #406
6.4 CITY-ST-ZIP	STUART, FL 34994

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Edmond J. Grant* **EDMOND J. GRANT** Vice Pres 4/12/95 (407) 783.3317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #