

1-30-97 B-1088 C  
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 Jan 30 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 950 COLORADO AVE CLUB HOUSE #2 STUART FL 34994  
 Mailing Address: 950 COLORADO AVE CLUB HOUSE #2 STUART FL 34994-3709

3. Date Incorporated or Qualified: 08/15/1973  
 3a. Date of Last Report: 04/10/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: 59-1489743  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing: \$5.00 May Be Added to Fees  
 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 (81-85)  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D WILLIAMS, ROBERT E.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	950 COLORADO AVE., E25	1.2 NAME	
STREET ADDRESS	STUART FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD DENTON, NITA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	950 COLORADO AVE. #503	2.2 NAME	
STREET ADDRESS	STUART FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD TIMMANN, WILDA	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	950 COLORADO AVE. #403	3.2 NAME	
STREET ADDRESS	STUART FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD DEMPSEY, FRANK	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	950 COLORADO AVE, #A3	4.2 NAME	
STREET ADDRESS	STUART FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WILSON, WILLIAM	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	950 COLORADO AVE., #504	5.2 NAME	
STREET ADDRESS	STUART FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD SOUTHERS, JOSEPH	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	950 COLORADO AVE., #406	6.2 NAME	
STREET ADDRESS	STUART FL	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: *FRANK* 1/22/97 (52) 727185

CR2E037 (9/96)