

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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	3. Date Incorporated or Qualified 08/15/1973
		4. FEI Number 59-1489743
		Applied For Not Applicable

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	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

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 ROSS, Deborah L. Esq. 82 Street Address (P.O. Box Number is Not Acceptable) Wackeen Cornett Gooze & Ross 83 401 E. Osceola Street, 1st Floor 84 City Stuart FL 85 Zip Code 34995
---	---

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME WILLIAMS, ROBERT E. STREET ADDRESS 950 COLORADO AVE., E25 CITY-ST-ZIP STUART FL	<input type="checkbox"/> DELETE	1.1 TITLE D/D MATTHEWS, VIRGINIA 1.2 NAME 950 COLORADO AVE. C27 1.3 STREET ADDRESS STUART, FL 34994 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME DENTON, NITA STREET ADDRESS 950 COLORADO AVE. #503 CITY-ST-ZIP STUART FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP/D WARTICOVSCHI, HARRY 2.2 NAME 950 COLORADO AVE. G608 2.3 STREET ADDRESS STUART, FL 34994 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME LEPRI, DOMINIC STREET ADDRESS 950 COLORADO AVE #808 CITY-ST-ZIP STUART FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T/D WEBB, JILL 3.2 NAME 950 COLORADO AVE. A26 3.3 STREET ADDRESS STUART, FL 34994 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME DEMPSEY, FRANK STREET ADDRESS 950 COLORADO AVE, #A3 CITY-ST-ZIP STUART FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE S/D BOLT, WILLIAM 4.2 NAME 950 COLORADO AVE. TH7 4.3 STREET ADDRESS STUART, FL 34994 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME WILSON, WILLIAM STREET ADDRESS 950 COLORADO AVE., #504 CITY-ST-ZIP STUART FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D PAULSON, ROLAND 5.2 NAME 950 COLORADO AVE. TH12 5.3 STREET ADDRESS STUART, FL 34994 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME SOUTHERS, JOSEPH STREET ADDRESS 950 COLORADO AVE., #406 CITY-ST-ZIP STUART FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D DENTON, NITA 6.2 NAME 950 COLORADO AVE. G503 6.3 STREET ADDRESS STUART, FL 34994 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* 3-25-98 (561) 287-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013700

CR2E037 (10/97)