NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 727185**

1. Corporation Name

## POPPLETON CREEK CONDOMINIUM ASSOCIATION INC

Principal Place of Business
950 COLORADO AVE
CLUB HOUSE #2
STHART EL SAGOA

Mailing Address

950 COLORADO AVE CLUB HOUSE #2 STUART FL 34994

## FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90139 040 \*\*\*\*61.25



2. Principal P	lace of Business	2a. Mailing Address			3. Date incorporated or Qualifed		
21 26					08/15/1973		
Suite, Apt. #, etc. Suite, Apt. #, etc.			1		4. FEI Number Applied For		
22		27			<b>59-1489743</b> Not Applicable		
City & State City & State					5. Certificate of Status Desired  \$8.75 Additional		
23 28					Fee Required		
Zip	Country	Zip	Country		6. Election Campaign Financing \$5.00 May Be		
24	25	29 30	)		Trust Fund Contribution Added to Fees		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent		
			81	Name			
ROSS, ESQ. D				82 Street Address (P.O. Box Number is Not Acceptable)			
WACKEEN CORNETT GOOGE & ROSS							
401 E OSCEOLA ST 1ST FL			83		•		
STUART F			84	City	85 Zip Code		
					FL		
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							
oπice or n agent. I ai	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 617.0503, Florida	Statutes.		Oracion's board of directors. Thereby accept the appointment as regionales		
SIGNATURE	, ,						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re		t signature re	required when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition		
NAME	WILLIAMS, ROBERT E.		1.2 NAME	ŀ			
STREET ADDRESS	950 COLORADO AVE., E25		1.3 STREET	ADDRESS	,		
C/TY-ST-ZIP	STUART FL		1,4 CITY-S1	r-ziP			
TITLE	<b>D</b> .	☐ DELETE	2.1 TITLE		Change Addition		
NAME	DENTON, NITA		2.2 NAME				
STREET ADDRESS	950 COLORADO AVE G503		2.3 STREET	ADDRESS	>		
CITY-ST-ZIP	STUART FL 34994		2.4 CITY-S	T-ZIP			
TITLE	PD	DELETE	3.1 TITLE		Change Addition		
NAME	MATTHEWS, VIRGINIA		3.2 NAME		·		
STREET ADDRESS	950 COLORADO AVE C27		3.3 STREET	ADDRESS			
CITY-ST-ZIP	STUART FL 34994		3.4. CITY-S	T-ZIP			
TITLE	VPD	☐ DELETE	4.1 TITLE	İ	☐ Change ☐ Addition		
NAME	WARTICOVSCHI, HARRY		4.2 NAME	ŀ			
STREET ADDRESS	950 COLORADO AVE G608		4.3 STREET	ADDRESS			
CITY-ST-ZIP	STUART FL 34994		4.4 CITY-ST	r-zip			
TITLE	TD	☐ DELETE	5.1 TITLE		Change Addition		
NAME	WEBB, JILL		5.2 NAME		•		
STREET ADDRESS	950 COLORADO AVE A26		5.3 STREET	- 1			
CITY-ST-ZIP	STUART FL 34994		5.4 CITY-ST	r-zip			
TITLE	SD	☐ DELETE	6.1 TITLE		Change Addition		
NAME	BOLT, WILLIAM		6.2 NAME				
STREET ADDRESS	950 COLORADO AVE TH7		6.3 STREET	ADDRESS			

STUART FL 34994

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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 Date

Daytime Phone #

CR2E027 (11/0)