


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90037 047 ****61.25


DOCUMENT # 727185			
1. Entity Name POPLETON CREEK CONDOMINIUM ASSOCIATION INC			
Principal Place of Business 950 COLORADO AVE CLUB HOUSE #2 STUART FL 34994		Mailing Address 950 SO KANNER HWY CLUBHOUSE #2 STUART FL 34994	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1489743			Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent MCCLUSKEY, MICHAEL J-ESQ 1100 S FEDERAL HIGHWAY STUART FL 34994		7. Name and Address of New Registered Agent	
		Name Deborah Ross, Esq	
		Street Address (P.O. Box Number is Not Acceptable) 759 S. Federal Hwy Suite 212	
		City Stuart FL Zip Code 34994	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Deborah L Ross** DATE **3/8/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, DAVID		NAME	Webb, Jill	
STREET ADDRESS	950 S KANNER HWY #TH13		STREET ADDRESS	1945 18th Court	
CITY-ST-ZIP	STUART FL 34994		CITY-ST-ZIP	Jupiter, FL 33477	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAMERICK, DUDLEY		NAME	Sanborn, Gene	
STREET ADDRESS	950 S KANNER HWY #5-104		STREET ADDRESS	950 S. Kanner Hwy G-803	
CITY-ST-ZIP	STUART FL 34994		CITY-ST-ZIP	Stuart, FL 34994	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	T.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLT, WILLIAM		NAME		
STREET ADDRESS	950 S KANNER HWY #TH-7		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBB, BEVERLY		NAME	Creed, Durwood	
STREET ADDRESS	950 S KANNER HWY 203		STREET ADDRESS	950 S. Kanner Hwy G-805	
CITY-ST-ZIP	STUART FL 34994		CITY-ST-ZIP	Stuart, FL 34994	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACMASTER, DONNA		NAME		
STREET ADDRESS	950 S KANNER HWY # C-11		STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34994		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAURER, JANET		NAME	Falzone, Roscane	
STREET ADDRESS	950 S KANNER HWY 402		STREET ADDRESS	950 S. Kanner Hwy B-27	
CITY-ST-ZIP	STUART FL 34994		CITY-ST-ZIP	Stuart, FL 34994	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Donna J McMaster**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR