

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **735211** (5)
1. Corporation Name
HUTCHINSON ISLAND CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
10410 S. OCEAN DRIVE JENSEN BEACH FL 34957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/10/1976** 3a. Date of Last Report **04/13/1994**
4. FEI Number **59-1803807** Applied For Not Applicable

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

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
**CORNETT, JANE L.
401 EAST OSCEOLA STREET
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIERE, KATHLEEN	1.2 NAME	SAME
STREET ADDRESS	10410 S OCEAN DR., #802	1.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BCH. FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, ROBERT	2.2 NAME	HOLT, EVELYN
STREET ADDRESS	10410 S OCEAN DR., #407	2.3 STREET ADDRESS	10410 S OCEAN DRIVE #1104
CITY-ST-ZIP	JENSEN BEACH FL	2.4 CITY-ST-ZIP	JENSEN BEACH, FL.
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, DONNA	3.2 NAME	MORTIMER, JEANNE
STREET ADDRESS	10410 SO. OCEAN DR. #701	3.3 STREET ADDRESS	10410 S. OCEAN DRIVE #1102
CITY-ST-ZIP	JENSEN BCH. FL	3.4 CITY-ST-ZIP	JENSEN BEACH, FL.
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPE, PETER	4.2 NAME	MONTANINO, STEPHEN
STREET ADDRESS	10410 SO. OCEAN DR. #905	4.3 STREET ADDRESS	10410 S. OCEAN DRIVE #703
CITY-ST-ZIP	JENSEN BCH. FL	4.4 CITY-ST-ZIP	JENSEN BEACH, FL.
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, EVELYN	5.2 NAME	KNOX, RICHARD
STREET ADDRESS	10410 S. OCEAN DR., #1104	5.3 STREET ADDRESS	10410 S. OCEAN DRIVE #509
CITY-ST-ZIP	JENSEN BCH FL	5.4 CITY-ST-ZIP	JENSEN BEACH, FL.
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X* **KATHLEEN BRIERE, PRES.** *Kathleen Briere* **3/15/95** **407-229-9691**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)