

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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

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JENSEN BEACH FL 34957

3. Date Incorporated or Qualified  
**03/10/1976**

3a. Date of Last Report  
**03/23/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
**59-1803807**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$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

10. Name and Address of New Registered Agent

**CORNETT, JANE L.  
401 EAST OSCEOLA STREET  
STUART FL 34994**

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 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 617.0603, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRIERE, KATHLEEN	
STREET ADDRESS	10410 S OCEAN DR., #802	
CITY-ST-ZIP	JENSEN BCH. FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HOLT, EVELYN	
STREET ADDRESS	10410 S OCEAN DRIVE #1104	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MORTIMER, JEANNE	
STREET ADDRESS	10410 S. OCEAN DRIVE #1102	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MONTANINO, STEPHEN	
STREET ADDRESS	10410 S. OCEAN DRIVE #703	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNUTH, RICHARD	
STREET ADDRESS	10410 S. OCEAN DRIVE #509	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MOSS, MARY	
1.3 STREET ADDRESS	10410 SO OCEAN DR. #309	
1.4 CITY-ST-ZIP	JENSEN BCH., FL. 34957	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	YELCICH, JOHN	
2.3 STREET ADDRESS	10410 SO OCEAN DR. #1004	
2.4 CITY-ST-ZIP	JENSEN BCH., FL. 34957	
3.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MORTIMER, JEANNE	
3.3 STREET ADDRESS	10410 SO OCEAN DRIVE #1102	
3.4 CITY-ST-ZIP	JENSEN BCH., FL. 34957	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KNUTH, RICHARD	
4.3 STREET ADDRESS	10410 SO OCEAN DRIVE #509	
4.4 CITY-ST-ZIP	JENSEN BCH., FL. 34957	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HOLT, EVELYN	
5.3 STREET ADDRESS	10410 SO OCEAN DRIVE #1104	
5.4 CITY-ST-ZIP	JENSEN BCH., FL. 34957	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Mary P. Moss*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-229-0357

CR2E037 (12/95)