

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735211 (5)
1. Corporation Name
HUTCHINSON ISLAND CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 10410 S. OCEAN DRIVE JENSEN BEACH FL 34957	Mailing Address 10410 S. OCEAN DRIVE JENSEN BEACH FL 34957-2568
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1803807		3a. Date of Last Report 04/17/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country		30. Country			

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P/D	DIRECTOR	1.1 TITLE PRESIDENT / DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOSS, MARY		1.2 NAME MARY P MOSS	
STREET ADDRESS 10410 S OCEAN DRIVE #309		1.3 STREET ADDRESS 10410 S OCEAN DR	
CITY-ST-ZIP JENSEN BCH, FL		1.4 CITY-ST-ZIP JENSEN BEACH FL 34957	
TITLE V	DIRECTOR	2.1 TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YELCICH, JOHN		2.2 NAME YELCICH, JOHN	
STREET ADDRESS 10410 S OCEAN DRIVE #1104		2.3 STREET ADDRESS 10410 S. OCEAN DRIVE #1104	
CITY-ST-ZIP JENSEN BEACH FL		2.4 CITY-ST-ZIP JENSEN BEACH, FL. 34957	
TITLE S	DIRECTOR	3.1 TITLE SECRETARY / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORTIMER, JEANNE		3.2 NAME KNUTH, RICHARD	
STREET ADDRESS 10410 S. OCEAN DRIVE #1102		3.3 STREET ADDRESS 10410 SO OCEAN DRIVE, #509	
CITY-ST-ZIP JENSEN BEACH FL		3.4 CITY-ST-ZIP JENSEN BEACH, FL. 34957	
TITLE T	DIRECTOR	4.1 TITLE TREASURER / DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KNUTH, RICHARD		4.2 NAME FLEMING, STEVE	
STREET ADDRESS 10410 S OCEAN DRIVE #509		4.3 STREET ADDRESS 10410 SO OCEAN DRIVE, #408	
CITY-ST-ZIP JENSEN BEACH FL		4.4 CITY-ST-ZIP JENSEN BEACH, FL. 34957	
TITLE D	DIRECTOR	5.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLT, EVELYN		5.2 NAME HOLT, EVELYN	
STREET ADDRESS 10410 S. OCEAN DRIVE #509		5.3 STREET ADDRESS 10410 SO OCEAN DRIVE, #509	
CITY-ST-ZIP JENSEN BEACH FL		5.4 CITY-ST-ZIP JENSEN BEACH, FL. 34957	
TITLE	<input type="checkbox"/> DELETE	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	

CR2E037 (9/96)

14. I do 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.