


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>10410 S. OCEAN DRIVE JENSEN BEACH FL 34957</b>	Mailing Address <b>10410 S. OCEAN DRIVE JENSEN BEACH FL 34957</b>
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3. Date Incorporated or Qualified  
**03/10/1976**

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	29
25	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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**CORNETT, JANE L.  
401 EAST OSCEOLA STREET  
STUART FL 34904**

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 617.1506, 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 re-stating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MOSE, MARY P 10410 S OCEAN DR JENSEN BEACH FL	1.1 TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	MOSS, MARY
STREET ADDRESS		1.3 STREET ADDRESS	10410 SO OCEAN DRIVE, #309
CITY-ST-ZIP	JENSEN BEACH FL	1.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957
TITLE	VPD YELCICH, JOHN 10410 S OCEAN DRIVE #1104 JENSEN BEACH FL	2.1 TITLE	VICE PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	YELCICH, JOHN
STREET ADDRESS		2.3 STREET ADDRESS	10410 SO OCEAN DRIVE, #1004
CITY-ST-ZIP	JENSEN BEACH FL	2.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957
TITLE	SD KNUTH, RICHARD 10410 S OCEAN DRIVE, #500 JENSEN BEACH FL	3.1 TITLE	SECRETARY/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	ROEDER, SANDRA
STREET ADDRESS		3.3 STREET ADDRESS	10410 SO OCEAN DRIVE, #609
CITY-ST-ZIP	JENSEN BEACH FL	3.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957
TITLE	TD FLEMING, STEVE 10410 S OCEAN DR, #408 JENSEN BEACH FL	4.1 TITLE	TREASURER/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	KNUTH, RICHARD
STREET ADDRESS		4.3 STREET ADDRESS	10410 SO OCEAN DRIVE #1108
CITY-ST-ZIP	JENSEN BEACH FL	4.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957
TITLE	D HOLT, EVELYN 10410 S. OCEAN DRIVE #500 JENSEN BEACH FL	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	LULICH, LOU
STREET ADDRESS		5.3 STREET ADDRESS	10410 SO OCEAN DRIVE #503
CITY-ST-ZIP	JENSEN BEACH FL	5.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Mary P Moss* MARY P MOSS 561-229-0357

CR2E037 (10/97)