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Apr 14, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735211

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/10/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1803807
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOSE, MARY P	
STREET ADDRESS	10410 S OCEAN DR, #309	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	YELCICH, JOHN	
STREET ADDRESS	10410 S OCEAN DR, #1004	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KNUTH, RICHARD	
STREET ADDRESS	10410 S OCEAN DR, #609	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FLEMING, STEVE	
STREET ADDRESS	10410 S OCEAN DR, #1108	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLT, EVELYN	
STREET ADDRESS	10410 S OCEAN DR, #503	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROEDER, SANDY	
1.3 STREET ADDRESS	10410 SO OCEAN DRIVE #609	
1.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	O'CONNOR, WALTER	
2.3 STREET ADDRESS	10410 SO OCEAN DRIVE #708	
2.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARVER, EVERETT	
3.3 STREET ADDRESS	10410 SO OCEAN DRIVE #405	
3.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KNUTH, RICHARD	
4.3 STREET ADDRESS	10410 SO OCEAN DRIVE #1108	
4.4 CITY-ST-ZIP	JENSEN BEACH, FL. 34957	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NONE	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED 4/8/99** Date: _____ Daytime Phone #: 561-229-0357

CR2E037 (11/98)