


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90009 028 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 741532**

1. Corporation Name  
**WILLISTON GOLF AND COUNTRY CLUB PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business % ORTEGA AND COMPANY P.A. 2307 DOUGLAS RD. SUITE 302 MIAMI FL 33145	Mailing Address % ORTEGA AND COMPANY P.A. 2307 DOUGLAS RD. SUITE 302 MIAMI FL 33145
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>02/06/1978</b>
22. City & State	27. City & State	4. FEI Number <b>59-1952420</b>
23. Zip	28. Zip	Applied For <input type="checkbox"/> Not Applicable
24. Country	30. Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  <b>BERTOCH, CARL A</b> <b>537 EAST PARK AVENUE</b> <b>TALLAHASSEE FL 32315</b>	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. Zip Code <b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIMEE, N. DE CUELLO	1.2 NAME	
STREET ADDRESS	2025 CACIQUE ST. - OCEAN PARK	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTRUCE PR	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POU, AIMEE	2.2 NAME	
STREET ADDRESS	9413 S.W. 21 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUELLO DE JUAN, MARIA M	3.2 NAME	
STREET ADDRESS	28 FORTE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JUAN PR	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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	

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: **AIMEE N. DE CUELLO** *Aimee N. De Cuello* **3-25-99** (787) 724-4200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F037 (1/1/99)