

FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 746349 (0)
1. Corporation Name

THE WOODS OF PORT ST. JOHN PROPERTY OWNERS' ASSO
CIATION, INC.



Principal Place of Business Mailing Address
925 MACCO RD 925 MACCO RD
COCOA FL 32927 COCOA FL 32927-5035

3. Date Incorporated or Qualified 03/20/1979
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

4. FEI Number 59-2011299 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
MILLER, DONALD E.
920 MACCO ROAD
COCOA FL 32927

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		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CISOWSKI, KAZIMIERZ	
STREET ADDRESS	206 MANTH AVENUE	
CITY-ST-ZIP	COCOA, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAWES, RUTH	
STREET ADDRESS	912 MACCO RD	
CITY-ST-ZIP	COCOA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBISON, SUZANNE	
STREET ADDRESS	940 EYERLY ST.	
CITY-ST-ZIP	COCOA, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOGUSAN, BELINDA	
STREET ADDRESS	995 TOPE ST	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARDEE, JOHN	
STREET ADDRESS	5400 FAY BLVD	
CITY-ST-ZIP	COCOA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PORTZ, STEVE	
STREET ADDRESS	229 MANTH AVENUE	
CITY-ST-ZIP	COCOA, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LOCUSON, BELINDA	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BOSSEM, ROBERT	
5.3 STREET ADDRESS	969 ELKCAM BLVD	
5.4 CITY-ST-ZIP	COCOA, FL 32927	
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 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.

CR2E037 (9/96)