


FILE NOW: FILING FEE IS \$61.25

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Apr 08 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 # 755753 (1)
1. Corporation Name
SEPTEMBER ESTATES HOME OWNERS ASSOCIATION, INC.



Principal Place of Business HOME OWNERS ASSO. INC. P.O. BOX 339 BOKEELIA FL 33922		Mailing Address HOME OWNERS ASSO. INC. P.O. BOX 339 BOKEELIA FL 33922-0339		3. Date Incorporated or Qualified 12/31/1980	3a. Date of Last Report 03/20/1996
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 59-2337724		Applied For <input checked="" type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BOLDUC, THERESE 7728 FARRELL RD BOKEELIA FL 33922-8912			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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNN, BETTY	1.2 NAME	
STREET ADDRESS	HELEN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, BERNARD	2.2 NAME	
STREET ADDRESS	CARPENTER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLDUC, ROGER J	3.2 NAME	
STREET ADDRESS	7728 FARRELL RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLDUC, THERESE L	4.2 NAME	
STREET ADDRESS	7728 FARRELL ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEITELSCHIES, JEAN	5.2 NAME	
STREET ADDRESS	7802 HELEN ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHALT, JOHANNES	6.2 NAME	
STREET ADDRESS	15282 BUZZARD CUT ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL	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)