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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757445 (2)
 1. Corporation Name
PUNTA RASSA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 17060 HARBOUR PT DR. #100 FT. MYERS FL 33908	Mailing Address 17060 HARBOUR PT DR. #100 FT. MYERS FL 33908
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3. Date Incorporated or Qualified 04/07/1981	
4. FEI Number 59-2274377	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

ADAMS, JOSEPH E
13515 BELL TOWER DRIVE
SUITE 101
FT MYERS FL 33907

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> DELETE
NAME	POTTER, REID
STREET ADDRESS	15011 PUNTA RASSA RD., #506
CITY - ST - ZIP	FT. MYERS FL 33908
TITLE	<input type="checkbox"/> DELETE
NAME	DP MACHEROWSKI, S L
STREET ADDRESS	15021 PUNTA RASSA RD #702
CITY - ST - ZIP	FT. MYERS FL 33908
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DV CHRISTENSEN, GAIL
STREET ADDRESS	15011 PUNTA RASSA RD #404
CITY - ST - ZIP	FT. MYERS FL 33908
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S SEYMOUR, JAMES
STREET ADDRESS	15031 PUNTA RASSA RD #1004
CITY - ST - ZIP	FT. MYERS FL 33908
TITLE	<input type="checkbox"/> DELETE
NAME	D ROGERS, ALTON
STREET ADDRESS	15021 PUNTA RASSA ROAD #903
CITY - ST - ZIP	FT. MYERS FL 33908
TITLE	<input type="checkbox"/> DELETE
NAME	DST HACK, GREG
STREET ADDRESS	15031 PUNTA RASSA RD., #1202
CITY - ST - ZIP	FT. MYERS FL 33908

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STD
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D WILSON, JAMES
4.3 STREET ADDRESS	15021 PUNTA RASSA RD
4.4 CITY - ST - ZIP	FT MYER FL 33908
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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, changed, or on an attachment with an address.

SIGNATURE: *Gail Christensen*

CR2E037 (10/97)