


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>768835</b>		(1)	
1. Corporation Name <b>POINSETTIA PARK SOCIAL CLUB, INC.</b>			



Principal Place of Business <b>4701 BALLARD RD LOT 53 FORT MYERS FL 33905</b>		Mailing Address <b>SYLVIA B. TAYLOR 143 GRANADO ST. POINSETTIA PARK FORT MYERS, FL 33905</b>	
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2. Principal Place of Business <b>21 Poinsettia Pk</b>		2a. Mailing Address <b>26 4201 Ballard Rd</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>23 Fort Myers FL</b>		City & State <b>28 Fort Myers Fl. 33905</b>	
Zip <b>24 33905</b>	Country	Zip <b>29</b>	Country <b>30 USA</b>

3. Date Incorporated or Qualified <b>06/09/1983</b>	
4. FEI Number <b>59-2432737</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SYLVIA B. TAYLOR 143 GRANADO ST. POINSETTIA PARK FORT MYERS, FL 33905</b>	
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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 Sylvia Taylor DATE FD  
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	1.1 TITLE	P.D. EUNICE FOSS
NAME	PIZZUTO, JOHN	1.2 NAME	83 E Poinsettia Dr
STREET ADDRESS	219 N POINSETTIA DR	1.3 STREET ADDRESS	FT Myers FL 33905
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	P.D. Beryl Kollar
NAME	FOSS, EUNICE	2.2 NAME	Annette Welton
STREET ADDRESS	83 E POINSETTIA DR	2.3 STREET ADDRESS	10 Hacienda Blvd, Ft Myers FL 33905
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD Beryl Kollar
NAME	GRIFFIN, DORIS	3.2 NAME	26 S Poinsettia Dr
STREET ADDRESS	199 DOMINGO DR	3.3 STREET ADDRESS	FT Myers FL 33905
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TD Sylvia Taylor
NAME	LLOYD, DORIS	4.2 NAME	143 GRANADO ST
STREET ADDRESS	201 DOMINGO DR	4.3 STREET ADDRESS	FT Myers FL 33905
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D Florence Brinkman
NAME	BRINKMAN, FLORENCE	5.2 NAME	277 W Poinsettia Dr
STREET ADDRESS	277 W POINSETTIA DR	5.3 STREET ADDRESS	FT Myers FL 33905
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D Phyllis Buonopane
NAME	BUONOPANE, PHYLLIS	6.2 NAME	2020 Domingo Dr
STREET ADDRESS	202 DOMINGO DR	6.3 STREET ADDRESS	FT MYERS FL
CITY-ST-ZIP	FT MYERS FL	6.4 CITY-ST-ZIP	

1.1 TITLE	P.D. EUNICE FOSS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	83 E Poinsettia Dr	
1.3 STREET ADDRESS	FT Myers FL 33905	
1.4 CITY-ST-ZIP		
2.1 TITLE	P.D. Beryl Kollar	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Anneta Welton	
2.3 STREET ADDRESS	10 Hacienda Blvd, Ft Myers FL 33905	
2.4 CITY-ST-ZIP		
3.1 TITLE	SD Beryl Kollar	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	26 S Poinsettia Dr	
3.3 STREET ADDRESS	FT Myers FL 33905	
3.4 CITY-ST-ZIP		
4.1 TITLE	TD Sylvia Taylor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	143 GRANADO ST	
4.3 STREET ADDRESS	FT Myers FL 33905	
4.4 CITY-ST-ZIP		
5.1 TITLE	D Florence Brinkman	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	277 W Poinsettia Dr	
5.3 STREET ADDRESS	FT Myers FL 33905	
5.4 CITY-ST-ZIP		
6.1 TITLE	D Phyllis Buonopane	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	2020 Domingo Dr	
6.3 STREET ADDRESS	FT MYERS FL	
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 19.07(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.

SIGNATURE: Sylvia Taylor REQUIRED  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/97)