

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
- Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90284 037 ****70.00

DOCUMENT #

768835

1. Corporation Name

Poinsettia Park Social Club Inc.

Principal Place of Business

Mailing Address

Poinsettia Mobile
Home Park

4701 Ballard Rd.
Ft. Myers, FL 33905



2. Principal Place of Business

2a. Mailing Address

21 Poinsettia Mobile Home Park

26 4701 Ballard Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Fort Myers FL

28

24 33905 25 Lee

29 30 Country

3. Date Incorporated or Qualified

6/19/83

4. FEI Number

59-2432737

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICK NICHOLS
179 LA PLAZA AVE.
Ft. Myers, FL 33905

81 Name Nick Nichols
82 Street Address (P.O. Box Number acceptable)
179 La Plaza Ave
83
84 City Ft. Myers FL 85 Zip Code 33905

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, 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]

4/22/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	Eunice Foss	
STREET ADDRESS	83 E. Poinsettia Dr.	
CITY-ST-ZIP	Ft. Myers FL 33905	
TITLE	V. Pres.	<input checked="" type="checkbox"/> DELETE
NAME	Annette Walton	
STREET ADDRESS	707 Hacienda Blvd.	
CITY-ST-ZIP	Ft. Myers, FL 33905	
TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Beryl Kollah	
STREET ADDRESS	26 S. Poinsettia Dr.	
CITY-ST-ZIP	Ft. Myers FL 33905	
TITLE	Treas.	<input checked="" type="checkbox"/> DELETE
NAME	Sylvia Taylor	
STREET ADDRESS	143 Grenade St.	
CITY-ST-ZIP	Ft. Myers FL 33905	
TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Florence Brinkman	
STREET ADDRESS	277 W. Poinsettia Dr.	
CITY-ST-ZIP	Ft. Myers, FL 33905	
TITLE	Phyllis Buonopane	<input checked="" type="checkbox"/> DELETE
NAME	202 Domingo Dr.	
STREET ADDRESS	Ft. Myers, FL 33905	
CITY-ST-ZIP		

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pet Meko	
1.3 STREET ADDRESS	111 E. Poinsettia Dr.	
1.4 CITY-ST-ZIP	Ft. Myers FL 33905	
2.1 TITLE	V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Nick Nichols	
2.3 STREET ADDRESS	179 La Plaza Ave	
2.4 CITY-ST-ZIP	Ft. Myers, FL 33905	
3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Pet Wallace	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	Ft. Myers FL 33905	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jack Colegrove	
4.3 STREET ADDRESS	108 Poinsettia Dr	
4.4 CITY-ST-ZIP	Ft. Myers, FL 33905	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jack Colegrove
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 941 694-5355
Date Daytime Phone #

CR2E037 (11/98)