FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F21484** **(3)**

1. Corporation Name

CLUB COTTAGES MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
1555 PALM BCH. LKS. BLVD. #1100 P.O. BOX 3267 WEST PALM BEACH FL 33402	1555 PALM BCH. LKS. BLVD. #1100 P.O. BOX 3267 WEST PALM BEACH FL 33402

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **02/27/1981**

3a. Date of Last Report: **04/17/1995**

4. FEI Number: **59-2075424** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$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 [X] No

9. Name and Address of Current Registered Agent

ECCLESTONE, E. LLWYD, JR.
1555 PALM BCH. LKS. BLVD. #1100
WEST PALM BEACH FL 33410

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required if any box in 10 changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	[ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	ECCLESTONE, E LLYWD, JR		1.2 NAME	
STREET ADDRESS	1555 PALM BCH LKS. BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH, FL 00000		1.4 CITY-ST-ZIP	
TITLE	VTD	[ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	COOPER, RON		2.2 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL		2.4 CITY-ST-ZIP	
TITLE	V	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	DIETZ, WILLIAM, A		3.2 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL		3.4 CITY-ST-ZIP	
TITLE	V	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	ECCLESTONE, E. L., III		4.2 NAME	
STREET ADDRESS	1555 PALM BCH LKS BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL		4.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ron Cooper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96
DATE

407/686-2000
DAYTIME PHONE #

CR2E034 (12/95)