

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
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90205 001 ****61.25

DOCUMENT # N04471

1. Corporation Name

212 SOUTH OLD DIXIE HIGHWAY OWNERS ASSOCIATION,
INC.

Principal Place of Business

% ROBERT DUPLESSIS
212 SOUTH OLD DIXIE HWY
JUPITER FL 33458

Mailing Address

% ROBERT DUPLESSIS
212 SOUTH OLD DIXIE HWY
JUPITER FL 33458



2. Principal Place of Business

21 212 S. OLD Dixie Hwy
Suite, Apt. #, etc.

22 #2
City & State
Jupiter FL

23 Zip Country
33458 US

2a. Mailing Address

26 212 S. OLD Dixie Hwy
Suite, Apt. #, etc.

27 #2
City & State
Jupiter, FL

28 Zip Country
33458 US

3. Date Incorporated or Qualified

07/31/1984

4. FEI Number

59-2464940

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

DUPLESSIS, ROBERT
212 SOUTH OLD DIXIE HWY
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name Kathleen Shafee
82 Street Address (P.O. Box Number is Not Acceptable)
457 Alexander Ct.
83 Palm City
84 City
FL 85 Zip Code 34990

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 Kathleen Shafee
Signature, typed or printed name of registered agent and title if applicable.

KATHLEEN SHAFEE
(NOTE: Registered Agent signature required when reinstating)

2-28-99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BOYHAN, THOMAS
STREET ADDRESS 212 OLD DIXIE HWY
CITY-ST-ZIP JUPITER FL 33458

TITLE TD
NAME DUPLESSIS, ROBERT
STREET ADDRESS 212 OLD DIXIE HWY
CITY-ST-ZIP JUPITER FL 33458

TITLE SD
NAME FLANNAGAN, CHARLES T
STREET ADDRESS 212 OLD DIXIE HWY
CITY-ST-ZIP JUPITER FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME SHAFEE Kathy
1.3 STREET ADDRESS 212 S OLD Dixie Hwy unit 2
1.4 CITY-ST-ZIP JUPITER, FL 33458

2.1 TITLE TP
2.2 NAME Shafee Harold
2.3 STREET ADDRESS 212 S OLD Dixie Hwy unit 2
2.4 CITY-ST-ZIP Jupiter, FL 33458

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen Shafee
Signature, typed or printed name of signing officer or director
2-28-99 561-77
Date

CR2E037 (11/98)