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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09960**

1. Corporation Name

DRIFTWOOD MANOR PROPERTY OWNERS ASSOCIATION, INC

Principal Place of Business

1103 FLEETWOOD LANE
FT. PIERCE FL 34982
US

Mailing Address

1103 FLEETWOOD LANE
FT. PIERCE FL 34982
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/25/1985 4. FEI Number 59-2359072 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

**HANSEN, BRUCE
1206 DRIFTWOOD LANE
FORT PIERCE FL 34982**

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, BRUCE	1.2 NAME	
STREET ADDRESS	1206 DRIFTWOOD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAINES, BILL	2.2 NAME	
STREET ADDRESS	1106 KINGSWOOD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDOZA, VICTOR	3.2 NAME	
STREET ADDRESS	1107 KINGSWOOD LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESSER, JEFF	4.2 NAME	
STREET ADDRESS	1204 KINGSWOOD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, RON	5.2 NAME	
STREET ADDRESS	1201 FLEETWOOD LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUGHERTY, JERRY	6.2 NAME	
STREET ADDRESS	1107 DRIFTWOOD LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE 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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/99 (61) 467-7076 BUs
(61) 460-1575 Hm

CR2E037 (1/198)