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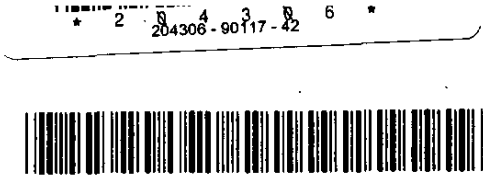
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USA/FL/SSS

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15230
 1. Corporation Name
ASCOT PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business 5295 TOWN CENTER RD. #200 C/O LANG MANAGEMENT CO. BOCA RATON FL 33486	Mailing Address 5295 TOWN CENTER RD. #200 C/O LANG MANAGEMENT CO. BOCA RATON FL 33486
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/04/1986
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2734199
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29
24	25	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ISAACSON, WILLIAM K. 5295 TOWNCENTER RD, STE 200 BOCA RATON FL 33486				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
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	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	GLUCKSTERN, ALLAN		1.2 NAME	FETNER, LLOYD			
STREET ADDRESS	5448 ASCOT BEND		1.3 STREET ADDRESS	5413 ASCOT BEND			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	BOCA RATON, FL 33496			
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LEWY, JOANN		2.2 NAME	LOUISE GALPERN			
STREET ADDRESS	5455 ASCOT BEN		2.3 STREET ADDRESS	5364 ASCOT BEND			
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	BOCA RATON, FL 33496			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LEVY, JO ANN		3.2 NAME	EICHLER, MILTON			
STREET ADDRESS	5455 ASCOT BEND		3.3 STREET ADDRESS	5334 ASCOT BEND			
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	BOCA RATON, FL 33496			
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LESSER, PAUL		4.2 NAME	LESSER, SAUL			
STREET ADDRESS	5443 ASCOT BEND		4.3 STREET ADDRESS	5443 ASCOT BEND			
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	BOCA RATON, FL 33496			
TITLE	SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DWOSH, JERRY		5.2 NAME				
STREET ADDRESS	5359 ASCOT BEND		5.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> DELETE	6.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SLOMIN, SANDRA		6.2 NAME	SLOMIN, SANDRA			
STREET ADDRESS	5467 ASCOT BEND		6.3 STREET ADDRESS	5467 ASCOT BEND			
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP	BOCA RATON, FL 33496			

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)