


FILE NOW: FILING FEE IS \$61.25

FILED

**May 22 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mertham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16117 (6)
1. Corporation Name
COURT OF PALMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 551 ELKCARI CROL P. O. BOX 2397 MARCO ISLAND FL 33969	Mailing Address 551 ELKCARI CROL P. O. BOX 2397 MARCO ISLAND FL 33969
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3. Date Incorporated or Qualified 07/29/1986	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2840109	

2. Principal Place of Business 21 781 W. ELKCAM CIRCLE Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 320 Suite, Apt. #, etc.
22 City & State 23 MARCO ISLAND, FL	27 City & State 28 MARCO ISLAND, FL
24 Zip 34145	25 Country USA
29 Zip 34146	30 Country USA

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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**EDMUND S. BURT
890 CAPE MARCO DR. #401
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent
81 Name
JEFFREY WILL SAFE HARBOUR TRAM MOUNT
82 Street Address (P.O. Box Number is Not Acceptable)
233 N. COLLIER BLVD.
83
84 City
MARCO ISLAND FL 85 Zip Code
34145

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]* DATE **5/18/98**
Signature, typed or printed name of registered agent and the 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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITE, ROBERT		1.2 NAME	
STREET ADDRESS 801 W ELKCAM CR		1.3 STREET ADDRESS	
CITY-ST-ZIP MARCO ISLAND FL		1.4 CITY-ST-ZIP	
TITLE TDS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REBECCA DAVIS		2.2 NAME	
STREET ADDRESS 801 W. ELKCAM DRIVE		2.3 STREET ADDRESS 791 W. ELKCAM CIRCLE, B-5	
CITY-ST-ZIP MARCO ISLAND FL		2.4 CITY-ST-ZIP MARCO ISLAND, FL 34145	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILNE JACK		3.2 NAME	
STREET ADDRESS 781 W ELKAM CIR		3.3 STREET ADDRESS 451 HUNTINGTON DR	
CITY-ST-ZIP MARCO ISLAND FL		3.4 CITY-ST-ZIP MOUNTVILLE, PA 17554	
TITLE DP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MATNEY, ROSE		4.2 NAME	
STREET ADDRESS 801 W ELKCAM CIR		4.3 STREET ADDRESS	
CITY-ST-ZIP MARCO ISLAND FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS DJS JAMES CHUTE	
CITY-ST-ZIP		5.4 CITY-ST-ZIP 781 W. ELKCAM CIRCLE, B-3	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *[Signature]* DATE **04-20-1998**

CR2E037 (10/97)