


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 26 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18688 (4)

1. Corporation Name
FRANKLIN WOOD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business % CONCEPT MANAGEMENT SERVICE 7136 SE OSPREY STREET HOBE SOUND FL 33455	Mailing Address % CONCEPT MANAGEMENT SERVICE 7136 SE OSPREY STREET HOBE SOUND FL 33455
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 01/09/1987	3a. Date of Last Report 04/05/1994
4. FEI Number 65-0223384	Applied For <input type="checkbox"/> Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent

**CORNETT, JANE L. ESQ.
% WACKEEN CORNETT & GOOGE
401 E OSCEOLA STREET 1ST FLOOR
STUART FL 34995**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	NAME RUDTKE, HELEN	1.1 TITLE S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5882 SE FRANKLIN PLACE	CITY - ST - ZIP HOBE SOUND FL	1.2 NAME RUDTKE, HELEN	
		1.3 STREET ADDRESS 5882 SE FRANKLIN PLACE	
		1.4 CITY - ST - ZIP HOBE SOUND, FL 33455	
TITLE VD	NAME WALSH, JAMES	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6050 SE FRANKLIN PLACE	CITY - ST - ZIP HOBE SOUND FL	2.2 NAME ANFUSO, FRANK	
		2.3 STREET ADDRESS 5918 SE FRANKLIN PLACE	
		2.4 CITY - ST - ZIP HOBE SOUND, FL 33455	
TITLE D	NAME TAYLOR, RUTH	3.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5858 SE FRANKLIN PLACE	CITY - ST - ZIP HOBE SOUND FL	3.2 NAME TAYLOR, RUTH	
		3.3 STREET ADDRESS 5858 SE FRANKLIN PLACE	
		3.4 CITY - ST - ZIP HOBE SOUND, FL 33455	
TITLE PTD	NAME MASTERPOLE, LINDA	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6096 SE FRANKLIN PLACE	CITY - ST - ZIP HOBE SOUND FL	4.2 NAME LACHANCE, PETER	
		4.3 STREET ADDRESS 5906 SE FRANKLIN PLACE	
		4.4 CITY - ST - ZIP HOBE SOUND, FL 33455	
TITLE D	NAME MCKENNA, MARY	5.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5870 SE FRANKLIN PLACE	CITY - ST - ZIP HOBE SOUND FL	5.2 NAME MCKENNA MARY	
		5.3 STREET ADDRESS 5870 SE FRANKLIN PLACE	
		5.4 CITY - ST - ZIP HOBE SOUND, FL 33455	
TITLE D	NAME MOORHOUSE, HENRY	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5942 SE FRANKLIN PLACE	CITY - ST - ZIP HOBE SOUND FL	6.2 NAME	
		6.3 STREET ADDRESS	
		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 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helen T. Rudtke Date: 4/14/95 Delayed Filing #: (407) 546-7264

HELEN T. RUDTKE, TREAS