

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18688 (4)

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



Principal Place of Business Mailing Address
**% CONCEPT MANAGEMENT SERVICE
7136 SE OSPREY STREET
HOBE SOUND FL 33455**

3. Date Incorporated or Qualified **01/09/1987** 3a. Date of Last Report **04/26/1995**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 24. Country 28. Zip 29. Country 30. Country

4. FEI Number **65-0223384** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	RUDTKE, HELEN	
STREET ADDRESS	5882 SE FRANKLIN PLACE	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WALSH, JAMES	
STREET ADDRESS	6050 SE FRANKLIN PLACE	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TAYLOR, RUTH	
STREET ADDRESS	5858 SE FRANKLIN PLACE	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	MASTERPOLE, LINDA	
STREET ADDRESS	6098 SE FRANKLIN PLACE	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKENNA, MARY	
STREET ADDRESS	5870 SE FRANKLIN PLACE	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOORHOUSE, HENRY	
STREET ADDRESS	5942 SE FRANKLIN PLACE	
CITY-ST-ZIP	HOBE SOUND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANFUSO, FRANK
2.3 STREET ADDRESS	5918 SE FRANKLIN PLACE
2.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LACHANCE, PETER
4.3 STREET ADDRESS	5906 SE FRANKLIN PLACE
4.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MCKENNA, MARY
5.3 STREET ADDRESS	5870 SE FRANKLIN PLACE
5.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(3)(k), 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: *Ruth F. Taylor* 3-29-96 (407) 546-1107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)