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May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N22732 (4)
1. Corporation Name
THE CHARTER CLUB AT MARTIN DOWNS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
2002 SW OLYMPIC CLUB TERR PALM CITY FL 34990 US
2002 SW OLYMPIC CLUB TER PALM CITY FL 34990-6023 US

3. Date Incorporated or Qualified
09/29/1987

4. FEI Number
65-0043823

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
TEDDICK, EDWARD W
2174 S.W. OLYMPIC CLUB TER.
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name RICHARD J. SWEENEY TREAS

82 Street Address (P.O. Box Number is Not Acceptable)
c/o CHARTER CLUB

83 2002 SW OLYMPIC CLUB TR

84 City PALM CITY FL 85 Zip Code 34990

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 Richard J. Sweeney - Treasurer DATE May 19 1998

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHEVALIER, BERNARD A.	
STREET ADDRESS	2146 S.W. OLYMPIC CLUB TERR	
CITY-ST-ZIP	PALM CITY FL 34990-6025	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TRAINA, ELAINE	
STREET ADDRESS	2197 SW OLYMPIC CLUB TERR	
CITY-ST-ZIP	PALM CITY FL 34990-6025	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TUCKER, MARTIN	
STREET ADDRESS	2888 S.W. SHINNECOCK HILLS, CT	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TEDDICK, EDWARD W	
STREET ADDRESS	2174 S.W. OLYMPIC CLUB TER.	
CITY-ST-ZIP	PALM CITY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KLEIN, DWIGHT L.	
STREET ADDRESS	2299 SW SHOAL CREEK TRACE	
CITY-ST-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ATAS HERBERT	
1.3 STREET ADDRESS	2124 SW AUGUSTA TRACE	
1.4 CITY-ST-ZIP	PALM CITY FL 34990 6025	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PETERS WILLIAM	
2.3 STREET ADDRESS	2274 SW OLYMPIC CLUB TER.	
2.4 CITY-ST-ZIP	PALM CITY 34990-6025	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WARDLE William	
3.3 STREET ADDRESS	2322 SW OLYMPIC CLUB TER.	
3.4 CITY-ST-ZIP	PALM CITY FL 34990	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WHITE JOHN	
4.3 STREET ADDRESS	2178 SW OLYMPIC CLUB TER.	
4.4 CITY-ST-ZIP	PALM CITY 34990-0625	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SWEENEY RICHARD	
5.3 STREET ADDRESS	2033 SW OLYMPIC CLUB TER.	
5.4 CITY-ST-ZIP	PALM CITY 34990-6025	
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 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 is Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE William Peters DATE 5/25 561 288-6314

CR2E037 (10/97)