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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N24753			
1. Corporation Name CLUB DRIVE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O SARA W. GALYEAN 1502 CLUB DR VERO BEACH FL 32963 US		Mailing Address C/O SARA W GALYEAN 1502 CLUB DR VERO BEACH FL 32963 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/11/1988	
22 City & State	27 City & State	4. FEI Number 65-0062746	
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GALYEAN, SARA W 1502 CLUB DRIVE VERO BEACH FL 32963		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 <i>Sara W. Galyean</i>		DATE 2/9/99	
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 DS <input type="checkbox"/> DELETE	NAME GALYEAN, SARA W	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1502 CLUB DRIVE		1.2 NAME	
CITY-ST-ZIP VERO BEACH FL		1.3 STREET ADDRESS	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME WILSON, WILLIS L	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1500 CLUB DRIVE		2.2 NAME	
CITY-ST-ZIP VERO BEACH FL		2.3 STREET ADDRESS	
TITLE DP <input type="checkbox"/> DELETE	NAME WILSON, BERNICE D	2.4 CITY-ST-ZIP	
STREET ADDRESS 1500 CLUB DRIVE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP VERO BEACH FL		3.2 NAME	
TITLE Della Simpkins <input type="checkbox"/> DELETE	NAME P. O. Box 7782	3.3 STREET ADDRESS	
STREET ADDRESS Huntington W Va	25778	3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	NAME	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE	NAME	5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sara W. Galyean* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

Date

561-231-5239

Daytime Phone

CR2E037 (11/98)