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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
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DOCUMENT # N26197

1. Corporation Name
WENTWORTH PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business %PRESIDENTIAL DEVELOPEMENT CORPORATION 6601 W BROAD ST RICHMOND VA 23230	Mailing Address %PRESIDENTIAL DEVELOPEMENT CORPORATION 6601 W BROAD ST RICHMOND VA 23230
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/29/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2950703
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NOONAN, JOHN M.	
STREET ADDRESS	6603 W BROAD ST	
CITY-ST-ZIP	RICHMOND VA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KEENER, DENNIS G	
STREET ADDRESS	2990 WENTWORTH WAY	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LIBUTTI, L.D.	
STREET ADDRESS	6603 W. BROAD ST.	
CITY-ST-ZIP	RICHMOND VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	GRACE, CHRISTOPHER M.	
1.3 STREET ADDRESS	6603 W. BROAD STREET	
1.4 CITY-ST-ZIP	RICHMOND VA 23061	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GRACE, CHRISTOPHER M.	
2.3 STREET ADDRESS	4247 W. ADAMS, SUITE 1	
2.4 CITY-ST-ZIP	PHOENIX AZ 85009	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 CHRISTOPHER M. GRACE
 Date _____ Daytime Phone # _____

0082760

CR2E037-(1/198)

602.209.5841