


FILE NOW: FILING FEE IS \$61.25

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Jun 18 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Motham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N27860 (8)**

1. Corporation Name

**SEA POINTE TOWERS OF FORT PIERCE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
801 S OCEAN DR #101 % JANE CORNETT P.O. BOX 66 FT PIERCE FL 34949 US	801 S OCEAN DR #101 % JANE CORNETT P.O. BOX 66 FT PIERCE FL 34949-3383 US

3. Date Incorporated or Qualified <b>08/12/1988</b>	3a. Date of Last Report <b>04/30/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2499739</b>	Applied For <input type="checkbox"/> Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**CORNETT, JANE  
WACKEEN, CORNETT & GOODE, PA  
401 E OSCEOLA STREET  
STUART FL 34994**

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATAN, MARY ANNE</b>	1.2 NAME	<b>Mary Ann Patan</b>
STREET ADDRESS	<b>801 S. OCEAN DRIVE, 502</b>	1.3 STREET ADDRESS	<b>801 S. Ocean Drive #502</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	1.4 CITY-ST-ZIP	<b>Ft. Pierce, FL 34949</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HETES, JAMES</b>	2.2 NAME	<b>James Hetes</b>
STREET ADDRESS	<b>801 S OCEAN DR #501</b>	2.3 STREET ADDRESS	<b>801 S. Ocean Drive # 501</b>
CITY-ST-ZIP	<b>FT PIERCE FL</b>	2.4 CITY-ST-ZIP	<b>Ft. Pierce, FL 34949</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARCHER IARIS, GORDEN</b>	3.2 NAME	<b>OLIVE DETERING</b>
STREET ADDRESS	<b>801 S OCEAN DR #504</b>	3.3 STREET ADDRESS	<b>801 S. OCEAN DR #902</b>
CITY-ST-ZIP	<b>FT PIERCE FL</b>	3.4 CITY-ST-ZIP	<b>FORT PIERCE, FL 34949</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KUPFER, R. A.</b>	4.2 NAME	<b>WARREN DETERING</b>
STREET ADDRESS	<b>801 S. OCEAN DRIVE</b>	4.3 STREET ADDRESS	<b>801 S. OCEAN DRIVE #902</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	4.4 CITY-ST-ZIP	<b>FORT PIERCE, FL 34949</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAHL, GABRIEL</b>	5.2 NAME	<b>William McCreane</b>
STREET ADDRESS	<b>801 S OCEAN DR #101</b>	5.3 STREET ADDRESS	<b>801 S. Ocean Drive # 709</b>
CITY-ST-ZIP	<b>FT PIERCE FL 34949</b>	5.4 CITY-ST-ZIP	<b>Ft Pierce, FL 34949</b>
TITLE	<b>SVP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMITT, GERARD</b>	6.2 NAME	<b>Gerard Schmitt</b>
STREET ADDRESS	<b>801 S OCEAN DR #101</b>	6.3 STREET ADDRESS	<b>801 S. Ocean Drive # 101</b>
CITY-ST-ZIP	<b>FT PIERCE FL 34949</b>	6.4 CITY-ST-ZIP	<b>Ft Pierce, FL 34949</b>

14. I do 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.

CR2E037 (9/96)