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Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33198 (5)

1. Corporation Name

CULBREATH CAY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business
5020 CULBREATH CAY DR
TAMPA FL 33611
USMailing Address
C/O EDWARD L JACOBY, TRUSTEE
2605 E 47TH ST
TULSA OK 74105-5111
US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/11/1989		3a. Date of Last Report 02/14/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2990113		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	PSD
NAME	LEE, LELA	1.2 NAME	JACOBY, EDWARD L.
STREET ADDRESS	1600 WEST 38TH ST SUITE 424	1.3 STREET ADDRESS	2605 E. 47TH ST.
CITY-ST-ZIP	AUSTIN TX 78731	1.4 CITY-ST-ZIP	TULSA, OK 74105-5111
TITLE	VTD	2.1 TITLE	YTD
NAME	CHAMBERS, M JEAN	2.2 NAME	CAMPBELL, SCOTT L.
STREET ADDRESS	5050 QUORUM DR SUITE 243	2.3 STREET ADDRESS	2121 S. COLUMBIA AVE #405
CITY-ST-ZIP	DALLAS TX 75240	2.4 CITY-ST-ZIP	TULSA, OK 74114
TITLE	D	3.1 TITLE	D
NAME	KEITH, LARRY	3.2 NAME	SPENCER, JAN
STREET ADDRESS	5050 QUORUM DRIVE SUITE 243	3.3 STREET ADDRESS	15404 S. ELWOOD
CITY-ST-ZIP	DALLAS TX 75240	3.4 CITY-ST-ZIP	CLEVELAND, OH 44133
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Edward L. Jacoby 1-9-97 918 743 8188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076095

CR2E037 (9/96)