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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N33846 (9)

1. Corporation Name
ATLANTIC PLACE PROPERTY OWNER'S ASSOCIATION, INC



Principal Place of Business: 814 S. OCEAN DR. FT. PIERCE FL 34949 US
Mailing Address: P.O. BOX 1127 LAKE ALFRED FL 33850-1127 US

3. Date Incorporated or Qualified: 08/23/1989
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business: 21 614
Suite, Apt. #, etc.
22 City & State: FT PIERCE FL.
23 Zip: 34949 Country: US
24 25
2a. Mailing Address: 26 614 S. OCEAN DR
Suite, Apt. #, etc.
27 City & State: FT PIERCE FL.
28 Zip: 34949 Country: US
29 30

4. FEI Number: NOT APPLICABLE
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ENZOR, J K JR
9095 HICKORY WALK-LAKE LOWERY RD.
LAKE ALFRED FL 33850

10. Name and Address of New Registered Agent
81 Name: PHILIP RICHARDSON
82 Street Address (P.O. Box Number is Not Acceptable): 614 S. OCEAN DR
83
84 City: FT PIERCE FL 85 Zip Code: 34949-3210

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

12. OFFICERS AND DIRECTORS	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: ENZOR, KEN	
STREET ADDRESS: 614 S. OCEAN DRIVE	
CITY-ST-ZIP: FT. PIERCE FL	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: ENZOR, DONNA	
STREET ADDRESS: 614 S. OCEAN DRIVE	
CITY-ST-ZIP: FT. PIERCE FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: ROMEO, PAUL	
STREET ADDRESS: 44 UPLAND RD.	
CITY-ST-ZIP: ASHLAND MA 01721	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
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: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: PHILIP RICHARDSON	
1.3 STREET ADDRESS: 614 S. OCEAN DR.	
1.4 CITY-ST-ZIP: FT PIERCE FL 34949-3210	
2.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: ELAINE RICHARDSON	
2.3 STREET ADDRESS: 614 S. OCEAN DR.	
2.4 CITY-ST-ZIP: FT PIERCE, FL. 34949-3210	
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 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: *Philip Richardson* 2-10-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)