


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 27, 1999 8:00 am**  
**Secretary of State**

05-27-1999 90006 034 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N40322</b> 1. Corporation Name <b>ALADDIN PROPERTY OWNERS ASSOCIATION, INC.</b>		
Principal Place of Business	Mailing Address	
4606 NE SUGARHILL AVE JENSEN BEACH FL 34990 US	4606 NE SUGARHILL AVE JENSEN BEACH FL 34990 US	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 3544 SW Quail Meadow Trail	26 3544 SW Quail Meadow Trail	10/09/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 Apt. C	27 Apt. C	65-0328337
City & State	City & State	Applied For
23 Palm City, Florida	28 Palm City, Florida	Not Applicable
Zip	Country	5. Certificate of Status Desired
24 34990	25 USA	<input type="checkbox"/> \$8.75 Additional Fee Required
29 34990	30 USA	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	
CRARY, LAWRENCE E. III 555 SOUTHWEST COLORADO AVENUE SUITE 1 STUART FL 34994		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARROLD, DON C.	1.2 NAME	Sinclair, Timothy E.
STREET ADDRESS	4060 NE SUGARHILL AVE.	1.3 STREET ADDRESS	3544 SW Quail Meadow Trail, Apt. C
CITY-ST-ZIP	JENSEN BEACH FL	1.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARROLD, JEAN J.	2.2 NAME	Armstrong, George
STREET ADDRESS	4060 NE SUGARHILL AVE.	2.3 STREET ADDRESS	4150 NE 16 Avenue
CITY-ST-ZIP	JENSEN BEACH FL	2.4 CITY-ST-ZIP	Pompano Beach, FL 33064
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSTON, ROBERT G.	3.2 NAME	Buckner, Lewis
STREET ADDRESS	1720 NW RIVER TRAIL	3.3 STREET ADDRESS	4974 SE Horseshoe Point Road
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Timothy E. Sinclair **SIGNATURE REQUIRED** Date: 5-24-99 Daytime Phone #: 219-1685 wk  
 Timothy E. Sinclair

CR2E037 (1/98)