		DW: FILING	FEE IS \$61.2	5			FILE		
CORF	NPROFIT PORATION AL REPORT			RTMENT OF Ine Harris ary of State	STATE	Apr 20 Secre	, 1999 tary o	) 8:00 f Sta	) am te
1	999	THE PARTY OF	DIVISION OF	CORPORATI	ONS		99 90117 0 <b>3</b>		
	IENT # NS	9300000	3052						
•	RE COMMUNITY	ASSOCIATION	, INC.			i a nava cu			
	• • • • •	<u></u> =							
Principal Place			Mailing Address						
17181 TARPON'I NORTH FORT M		1	iames a. Foerster 19650 Honey Bear LN North FT, Myers FL 3	3917					
2. Principal Plac	ce of Business		1. Mailing Address			3. Date Incorporated or Qua	llifed		
1 Suite, Apt. #,	, etc.	- 26	Suite, Apt. #, etc.			4. FEI Number		App	plied For
2						65-0479737		88.75 A	t Applicable
City & State		28	City & State			5. Certifcate of Status Desir		Fee Re	quired
Zip I	Country 25	29	Zip	Country		6. Election Campaign Finan Trust Fund Contribution	°Ц	\$5.00 Added to	
	9. Name and Addres	ss of Current Regi	stered Agent	81	Name	10. Name and Address of N	lew Registered	Agent	
BAUCHERT	. JAMES D			82		ress (P.O. Box Number is Not Ac	ceptable)		
18901 NALI	LE RD				1				<u>.</u>
NORTH FO	DT UVEDE EL 2201			22					
	RT MYERS FL 3391	7.		83					
			·	84			FL	85 Zip C	
11. Pursuant to	Ato and is an af David	ions 617.0502 and in the State of Flor	ida. Such change was :	84 ites, the above	e-named corr the corporati	poration submits this statement fo ion's board of directors. I hereby	r the nurnose of	- changing its	registered
<ol> <li>Pursuant to office or reg agent. I am SIGNATURE</li> </ol>	o the provisions of Sect	ions 617.0502 and in the State of Flor apt the obligations o	ida. Such change was f, Section 617.0503, Fl 	84 ites, the above authorized by orida Statutes.	e-named corr the corporati	on's board of directors. I hereby	or the purpose of accept the appo	changing its intment as reg	registered gistered
1. Pursuant to office or reg agent. I am SIGNATURE <u>s</u> 2.	o the provisions of Sect gistered agent, or both, familiar with, and acce / signature, typed or printed name O	ions 617.0502 and in the State of Flor apt the obligations o	ida. Such change was f, Section 617.0503, Fl - a if applicable. (NOT ECTORS	84 Ites, the above authorized by orida Statutes. E: Registered Agen 13.	e-named corr the corporati	ion's board of directors. I hereby	or the purpose of accept the appo	changing its     intment as reg	registered gistered RS IN 12
1. Pursuant to office or reg agent. I am SIGNATURE <u>s</u> 2.	o the provisions of Sect gistered agent, or both, familiar with, and acce / signature, typed or printed name O P	ions 617.0502 and in the State of Flor apt the obligations o of registered egent and tit FFICERS AND DIR	ida. Such change was f, Section 617.0503, Fl - a if applicable. (NOT	84 Ites, the above authorized by orida Statutes. E: Registered Agen 13. 1.1 TITLE	e-named corr the corporati	on's board of directors. I hereby	or the purpose of accept the appo	changing its intment as reg	registered gistered
1. Pursuant to office or reg agent. I am SIGNATURE <u>s</u> 2. TLE <b>f</b>	o the provisions of Sect gistered agent, or both, familiar with, and acce ilgnature, typed or printed name O P BAUCHERT, JAMES	ions 617.0502 and in the State of Flor apt the obligations o of registered egent and tit FFICERS AND DIR	ida. Such change was f, Section 617.0503, Fl a if applicable. (NOT ECTORS	84 Ites, the above authorized by orida Statutes. E: Registered Agen 13.	e-named corp the corporati	on's board of directors. I hereby	or the purpose of accept the appo	changing its     intment as reg	registered gistered RS IN 12
1. Pursuant to office or reg agent. I am SIGNATURE	o the provisions of Sect gistered agent, or both, familiar with, and acce / signature, typed or printed name O P	ions 617.0502 and in the State of Flor apt the obligations o of registered agent and tit FFICERS AND DIR	ida. Such change was f, Section 617.0503, Fl if applicable. (NOT ECTORS DELETE	84 ites, the above authorized by orida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	e-named corporati	on's board of directors. I hereby	or the purpose of accept the appo	ND DIRECTO	registered jistered RS IN 12
1. Pursuant to office or reg agent. I am SIGNATURE <u>SI</u> 2. TLE <u>I</u> TREET ADDRESS ITY-ST-ZIP <u>I</u> TLE <u>I</u>	o the provisions of Sect gistered agent, or both, familiar with, and acce signature, typed or printed name O P BAUCHERT, JAMES 18901 NALLE RD N. FT. MYERS FL 3: T	ions 617.0502 and in the State of Flor apt the obligations o of registered agent and tit FFICERS AND DIR	ida. Such change was f, Section 617.0503, Fl a if applicable. (NOT ECTORS	84 Ites, the above authorized by orida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	e-named corporati	on's board of directors. I hereby	or the purpose of accept the appo	changing its intment as reg ND DIRECTO	registered gistered RS IN 12
1. Pursuant to office or reg agent. I am SIGNATURE SI 2. TLE IREET ADDRESS TY-ST-ZIP	b the provisions of Sect gistered agent, or both, familiar with, and acce signature, typed or printed name O P BAUCHERT, JAMES 18901 NALLE RD N. FT. MYERS FL 3: T BAUCHERT, LYNN	ions 617.0502 and in the State of Flor apt the obligations o of registered agent and tit FFICERS AND DIR	ida. Such change was f, Section 617.0503, Fl e if applicable. (NOT ECTORS DELETE DELETE	84 Ites, the above authorized by orida Statutes. E: Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	the corporation	on's board of directors. I hereby	or the purpose of accept the appo	ND DIRECTO	registered jistered RS IN 12
1. Pursuant to office or reg agent. I am SIGNATURE <u>s</u> 2. TLE <b>1</b> IREET ADDRESS TY-ST-ZIP <b>1</b> TLE <b>1</b> MME <b>1</b> IREET ADDRESS	o the provisions of Sect gistered agent, or both, familiar with, and acce signature, typed or printed name O P BAUCHERT, JAMES 18901 NALLE RD N. FT. MYERS FL 3: T	ions 617.0502 and in the State of Flor apt the obligations o of registered agent and tit FFICERS AND DIR	ida. Such change was f, Section 617.0503, Fl if applicable. (NOT ECTORS DELETE	84 Ites, the above authorized by orida Statutes. E: Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	the corporati	on's board of directors. I hereby	or the purpose of accept the appo	ND DIRECTO	RS IN 12
1. Pursuant to office or reg agent. I am SIGNATURE 3 2. TLE TREET ADDRESS TY-ST-ZIP TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS	b the provisions of Sect gistered agent, or both, familiar with, and acce signature, typed or printed name O BAUCHERT, JAMES 18901 NALLE RD N. FT. MYERS FL 3 T   BAUCHERT, LYNN 18901 NALLE RD N. FT. MYERS FL V-	ions 617.0502 and in the State of Flor apt the obligations o of registered agent and tit FFICERS AND DIR	ida. Such change was f, Section 617.0503, Fl e if applicable. (NOT ECTORS DELETE DELETE	E: Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	the corporati	on's board of directors. I hereby	or the purpose of accept the appo	ND DIRECTO	registered jistered RS IN 12
1. Pursuant to office or regarded agent. I am SIGNATURE         2.         TLE         AME         ITY-ST-ZIP         TREET ADDRESS         ITREET ADDRESS         ITREET ADDRESS         ITY-ST-ZIP         ITY-ST-ZIP         ITY-ST-ZIP         ITLE         AME         ITY-ST-ZIP         ITLE         AME         ITY-ST-ZIP         ITLE         AME	b the provisions of Sect gistered agent, or both, familiar with, and acce signature, typed or printed name O P BAUCHERT, JAMES 18901 NALLE RD N. FT. MYERS FL 3: T   BAUCHERT, LYNN 18901 NALLE RD N. FT. MYERS FL V- SHAW, ROBERT	ions 617.0502 and in the State of Flor apt the obligations o of registered agent and tit FFICERS AND DIR	ida. Such change was f, Section 617.0503, Fl e if applicable. (NOT ECTORS DELETE	E: Registered Agen E: Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T-ZIP	on's board of directors. I hereby	or the purpose of accept the appo	ND DIRECTO	RS IN 12
1. Pursuant to office or regarding agent. I am SIGNATURE         2.         TLE         AME         IREET ADDRESS         ITY-ST-ZIP         TREET ADDRESS         ITY-ST-ZIP         TILE         AME         IRREET ADDRESS         ITY-ST-ZIP         TILE         AME         TREET ADDRESS         ITY-ST-ZIP         TILE         AME         TREADRESS         TREET ADDRESS         ITHE         AME         ITHE         AME         ITREET ADDRESS	b the provisions of Sect gistered agent, or both, familiar with, and acce signature, typed or printed name O P BAUCHERT, JAMES 18901 NALLE RD N. FT. MYERS FL 3: T   BAUCHERT, LYNN 18901 NALLE RD N. FT. MYERS FL V- SHAW, ROBERT 18901 NALLE RD	ions 617.0502 and in the State of Flor apt the obligations o of registered egent and tit FFICERS AND DIR 3917	ida. Such change was f, Section 617.0503, Fl e if applicable. (NOT ECTORS DELETE	E: Registered Agen E: Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	a-named corporati the corporati it signature requin t ADDRESS T-ZIP T ADDRESS T-ZIP	on's board of directors. I hereby	or the purpose of accept the appo	ND DIRECTO	RS IN 12
Pursuant to office or reg agent. I am SIGNATURE     I	b the provisions of Sect gistered agent, or both, familiar with, and acce signature, typed or printed name O P BAUCHERT, JAMES 18901 NALLE RD N. FT. MYERS FL 3: T   BAUCHERT, LYNN 18901 NALLE RD N. FT. MYERS FL V- SHAW, ROBERT	ions 617.0502 and in the State of Flor apt the obligations o of registered egent and tit FFICERS AND DIR 3917	ida. Such change was f, Section 617.0503, Fl e if applicable. (NOT ECTORS DELETE	E: Registered Agen E: Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	a-named corporati the corporati it signature requin t ADDRESS T-ZIP T ADDRESS T-ZIP	on's board of directors. I hereby	or the purpose of accept the appo	ND DIRECTO	RS IN 12
Pursuant to office or reg agent. I am SIGNATURE     I	b the provisions of Sect gistered agent, or both, familiar with, and acce signature, typed or printed name O P BAUCHERT, JAMES 18901 NALLE RD N. FT. MYERS FL 3: T BAUCHERT, LYNN 18901 NALLE RD N. FT. MYERS FL V- SHAW, ROBERT 18901 NALLE RD N. FT. MYERS FL 3: T BRINKMAN, KATHY	ions 617.0502 and in the State of Flor apt the obligations o of registered egent and tit FFICERS AND DIR 3917	ida. Such change was f, Section 617.0503, Fl e if applicable. (NOT ECTORS DELETE DELETE DELETE	84       Ites, the above authorized by orida Statutes.       E: Registered Agen 13.       1.1 TITLE       1.2 NAME       1.3 STREET       1.4 CITY-SI       2.1 TITLE       2.3 STREET       2.4 CITY-SI       3.1 TITLE       3.3 STREET       3.4 CITY-SI       3.4. CITY-SI       4.1 TITLE       4.2 NAME	T ADDRESS T-ZIP	on's board of directors. I hereby	or the purpose of accept the appo	Change	RS IN 12 Addition
	b the provisions of Sect gistered agent, or both, familiar with, and acce signature, typed or printed name O P BAUCHERT, JAMES 18901 NALLE RD N. FT. MYERS FL 3: T BAUCHERT, LYNN 18901 NALLE RD N. FT. MYERS FL V- SHAW, ROBERT 18901 NALLE RD N. FT. MYERS FL 3: T BRINKMAN, KATHY 18901 NALLE RD	ions 617.0502 and in the State of Flor of registered egent and tit FFICERS AND DIR 3917	ida. Such change was f, Section 617.0503, Fl e if applicable. (NOT ECTORS DELETE DELETE DELETE	B4         Ites, the above authorized by orida Statutes.         E: Registered Agen         13.         1.1 TITLE         1.2 NAME         1.3 STREET         1.4 CITY-SI         2.1 TITLE         2.2 NAME         2.3 STREET         2.4 CITY-SI         3.1 TITLE         3.2 NAME         3.3 STREET         3.4. CITY-SI         4.1 TITLE         4.2 NAME         3.3 STREET         3.4. CITY-SI         4.1 TITLE         4.2 NAME         4.3 STREET	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	ed when reinstating) ADDITIONS/CHANGES To	DATE	Change	RS IN 12 Addition
	b the provisions of Sect gistered agent, or both, familiar with, and acce signature, typed or printed name O P BAUCHERT, JAMES 18901 NALLE RD N. FT. MYERS FL 3: T BAUCHERT, LYNN 18901 NALLE RD N. FT. MYERS FL V- SHAW, ROBERT 18901 NALLE RD N. FT. MYERS FL 3: T BRINKMAN, KATHY	ions 617.0502 and in the State of Flor of registered egent and tit FFICERS AND DIR 3917	ida. Such change was f, Section 617.0503, Fl e if applicable. (NOT ECTORS DELETE DELETE DELETE	84       Ites, the above authorized by orida Statutes.       E: Registered Agen 13.       1.1 TITLE       1.2 NAME       1.3 STREET       1.4 CITY-SI       2.1 TITLE       2.3 STREET       2.4 CITY-SI       3.1 TITLE       3.3 STREET       3.4 CITY-SI       3.4. CITY-SI       4.1 TITLE       4.2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	ed when reinstating) ADDITIONS/CHANGES To	or the purpose of accept the appo	Change	RS IN 12 Addition
	b the provisions of Sect gistered agent, or both, familiar with, and acce isgnature, typed or printed name OP BAUCHERT, JAMES 18901 NALLE RD N. FT. MYERS FL 3: T BAUCHERT, LYNN 18901 NALLE RD N. FT. MYERS FL V- SHAW, ROBERT 18901 NALLE RD N. FT. MYERS FL 3: T BRINKMAN, KATHY 18901 NALLE RD N. FT. MYERS FL 3:	ions 617.0502 and in the State of Flor of registered egent and tit FFICERS AND DIR 3917 3917	ida. Such change was f, Section 617.0503, Fl e if applicable. (NOT ECTORS DELETE DELETE DELETE DELETE	B4 Ites, the above authorized by orida Statutes. E: Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 3.3 STREET 3.4 CITY-SI 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-SI	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	ad when reinstating) ADD/ITIONS/CHANGES To	Pr the purpose of accept the appo		RS IN 12 Addition
	b the provisions of Sect gistered agent, or both, familiar with, and acce Bandinar with, and acce Content of printed name OP BAUCHERT, JAMES 18901 NALLE RD N. FT. MYERS FL 3: T BAUCHERT, LYNN 18901 NALLE RD N. FT. MYERS FL 3: T BRINKMAN, KATHY 18901 NALLE RD N. FT. MYERS FL 3: T BRINKMAN, KATHY 18901 NALLE RD N. FT. MYERS FL 3: ST FOERSTER, JAMES 19650 HONEY BEAI	ions 617.0502 and in the State of Flor of registered egent and tit FFICERS AND DIR 3917 3917 3917 A R LN	ida. Such change was f, Section 617.0503, Fl e if applicable. (NOT ECTORS DELETE DELETE DELETE DELETE	B4         Ites, the above authorized by orida Statutes.         E: Registered Agen         13.         1.1 TITLE         12 NAME         1.3 STREET         1.4 CITY-SI         2.1 TITLE         2.2 NAME         2.3 STREET         2.4 CITY-SI         3.1 TITLE         3.2 NAME         3.3 STREET         3.4 CITY-SI         4.1 TITLE         4.2 NAME         4.3 STREET         4.4 CITY-SI         5.1 TITLE         5.2 NAME         5.3 STREET	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	ad when reinstating) ADDITIONS/CHANGES To	Pr the purpose of accept the appo		RS IN 12 Addition
1. Pursuant to office or regardent. I amongagent. I amo	b the provisions of Sect gistered agent, or both, familiar with, and acce Banding with, and acce Band CHERT, JAMES 18901 NALLE RD N. FT. MYERS FL 3: T BAUCHERT, LYNN 18901 NALLE RD N. FT. MYERS FL V SHAW, ROBERT 18901 NALLE RD N. FT. MYERS FL 3: T BRINKMAN, KATHY 18901 NALLE RD N. FT. MYERS FL 3: T BRINKMAN, KATHY 18901 NALLE RD N. FT. MYERS FL 3: ST FOERSTER, JAMES 19650 HONEY BEAI NORTH FORT MYER	ions 617.0502 and in the State of Flor of registered egent and tit FFICERS AND DIR 3917 3917 3917 A R LN	ida. Such change was f, Section 617.0503, Fl e if applicable. (NOT ECTORS DELETE DELETE DELETE DELETE	B4         Ites, the above authorized by orida Statutes.         E: Registered Agen         13.         1.1 TITLE         1.2 NAME         1.3 STREET         1.4 CITY-SI         2.1 TITLE         2.2 NAME         2.3 STREET         2.4 CITY-SI         3.1 TITLE         3.2 NAME         3.3 STREET         3.4. CITY-SI         4.1 TITLE         4.2 NAME         4.3 STREET         4.4 CITY-SI         5.1 TITLE         5.2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	ad when reinstating) ADD/ITIONS/CHANGES To	Pr the purpose of accept the appo		RS IN 12 Addition
1. Pursuant to office or regarding agent. I am SIGNATURE         2.         TLE         AME         TREET ADDRESS         ITY-ST-ZIP         TLE         AME         ITY-ST-ZIP         TREET ADDRESS         ITY-ST-ZIP         TREET ADDRESS         ITY-ST-ZIP         ITLE         AME         ITY-ST-ZIP         ITTE         AME         ITY-ST-ZIP         ITTE         AME         ITTE         AME         ITTE         ITTE         ITY-ST-ZIP	b the provisions of Sect gistered agent, or both, familiar with, and acce Banding with, and acce Band the sector of printed name OP BAUCHERT, JAMES 18901 NALLE RD N. FT. MYERS FL 3: T BAUCHERT, LYNN 18901 NALLE RD N. FT. MYERS FL 3: T BRINKMAN, KATHY 18901 NALLE RD N. FT. MYERS FL 3: T BRINKMAN, KATHY 18901 NALLE RD N. FT. MYERS FL 3: ST FOERSTER, JAMES 19650 HONEY BEAI NORTH FORT MYEF T	ions 617.0502 and in the State of Flor of registered egent and tit FFICERS AND DIR 3917 3917 3917 A R LN RS FL 33917	ida. Such change was f, Section 617.0503, Fl e if applicable. (NOT ECTORS DELETE DELETE DELETE DELETE DELETE	B4         Ites, the above authorized by orida Statutes.         E: Registered Agen         13.         1.1 TITLE         1.2 NAME         1.3 STREET         1.4 CITY-SI         2.1 TITLE         2.2 NAME         2.3 STREET         2.4 CITY-SI         3.1 TITLE         3.2 NAME         3.3 STREET         3.4. CITY-SI         4.1 TITLE         4.2 NAME         4.3 STREET         4.4 CITY-SI         5.1 TITLE         5.2 NAME         5.3 STREET         5.4 CITY-SI	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	ad when reinstating) ADDITIONS/CHANGES To	DATE DOFFICERS A		RS IN 12 Addition
1. Pursuant to office or regarding agent. I am SIGNATURE         2.         TLE         AME         TREET ADDRESS         ITY-ST-ZIP         TREET ADDRESS         ITY-ST-ZIP         TREET ADDRESS         ITY-ST-ZIP         TREET ADDRESS         ITY-ST-ZIP         TRE         AME         TREET ADDRESS         ITY-ST-ZIP         TLE         AME         TREET ADDRESS         ITY-ST-ZIP         TREET ADDRESS         ITY-ST-ZIP         TREET ADDRESS         ITY-ST-ZIP         TRE         AME         ITE         AME         ITY-ST-ZIP         TRE         AME         ITY-ST-ZIP         TREET ADDRESS         ITY-ST-ZIP         ITRE         AME	b the provisions of Sect gistered agent, or both, familiar with, and acce Banding with, and acce Band CHERT, JAMES 18901 NALLE RD N. FT. MYERS FL 3: T BAUCHERT, LYNN 18901 NALLE RD N. FT. MYERS FL V SHAW, ROBERT 18901 NALLE RD N. FT. MYERS FL 3: T BRINKMAN, KATHY 18901 NALLE RD N. FT. MYERS FL 3: T BRINKMAN, KATHY 18901 NALLE RD N. FT. MYERS FL 3: ST FOERSTER, JAMES 19650 HONEY BEAI NORTH FORT MYER	ions 617.0502 and in the State of Flor of registered egent and tit FFICERS AND DIR 3917 3917 3917 A R LN RS FL 33917	ida. Such change was f, Section 617.0503, Fl e if applicable. (NOT ECTORS DELETE DELETE DELETE DELETE DELETE	B4         Ites, the above authorized by orida Statutes.         E: Registered Agen 13.         1.1 TITLE         1.2 NAME         1.3 STREET         1.4 CITY-ST         2.1 TITLE         2.2 NAME         2.3 STREET         2.4 CITY-ST         3.1 TITLE         3.2 NAME         3.3 STREET         3.4 CITY-ST         4.1 TITLE         4.2 NAME         4.3 STREET         4.4 CITY-ST         5.1 TITLE         5.2 NAME         5.3 STREET         5.4 CITY-ST         6.1 TITLE         6.2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	ad when reinstating) ADDITIONS/CHANGES To	Pr the purpose of accept the appo		RS IN 12 Addition

SIGNATURE: JAN DS DE BARCHESTIKE CHESTIKE CHESTIKE

4/14/99 941-543-4799 Date Daytime Phone #