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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

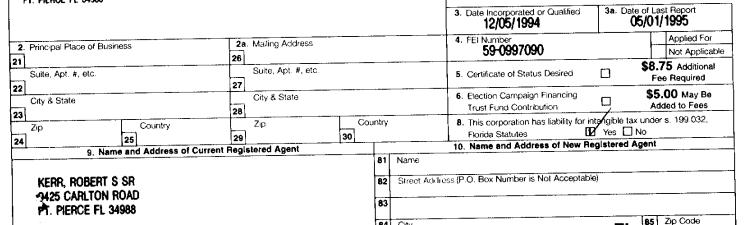
DOCUMENT #	N94000005974	(0)

ALLAPATTAH PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business 9425 CARLTON ROAD FT. PIERCE FL 34988

Mailing Address

9425 CARLTON ROAD FT. PIERCE FL 34988



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.

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	n, and accept the obligations on booten accept						
SIGNATURE _	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Be	gistered Agent signature req	ared when reinstating)	DATE)O IN 10
12.	OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1			Addition	
TITLE	D	DELETE	1 1 TITLE			Change	Modition .
NAME	WEBMAN, JEFF		1.2 NAME				
STREET ADDRESS	6625 SANTONA ROAD		1.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33146		14 CITY-ST-ZIP				
TITLE	DST	DELETE	2 1 TITLE			Change	Addition
NAME	O'LARRY, DANIEL		22 NAME				
STREET ADDRESS	P.O. BOX 2909 N/A		23 STREET ADDRESS				
CITY-ST-2IP	JACKSONVILLE FL 32203		2 4 CITY-ST-ZIP				
TITLE	0	DELETE	3 1 TITLE			Change	Addition
NAME	LEE, GARY		3 2 NAME				
STREET ADDRESS	P.O. BOX 3967 N/A		3 3 STREET ADDRESS				
CITY-S1-ZIP	KISSIMMEE FL 32741		3.4 CITY-ST-ZIP				Addition
TITLE	DP	DELETE	4.1 TITLE	20000	11 7916 601164	o El Tamoge	L.J Addition
NAMÉ	KERR, ROBERT		4 2 NAME		6Ul164	บบร	
STREET ADDRESS	P.O. BOX 708 N/A		4.3 STREET ADDRESS	***61.25			
CITY-S'-ZIP	BELLE GLADE FL 33430		4 4 CITY - ST - ZIP		<u> </u>	<u> </u>	T A Addison
TITLE	D	DELETE	5 1 TITLE			Change	☐ Addition
NAME	HODGE, SHERRY		. 52 NAMÉ				
STREET ADDRESS	P.O. BOX 730 N/A		5.3 STREET ADDRESS				
CITY-ST-ZIP	BELLE GLADE FL 33430		5 4 CITY - ST - ZIP				T tables
TITLE	DV	DELETE	61 TITLE			Change	☐ Addition
NAME	WILLIAMS, STEVE		62 NAME				
STREET ADDRESS	P.O. BOX 730 N/A		6 3 STREET ADDRESS				
	BELLE OLADE EL MANA		64 CITY-ST-ZIP			- F	to a Charather
CITY - ST - ZIP	BELLE GLADE FL 33430	s voluntarily furnishe	ed and does not qua	lify for the exemption stated in	Section 119.07(3)(k), Florida Statu	tes. I turtner

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in decident 1130 (A) and the same legal effect as if made under 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 certify 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 12 or Block 13 if changed, or on a stachment with an address.

SIGNATURE

SIGNING OFFICER OR DIRECTOR

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