

FILE NOW: FILING FEE IS \$61.25

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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005974 (0)
1. Corporation Name
ALLAPATTAH PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business 9425 CARLTON ROAD FT. PIERCE FL 34988	Mailing Address 9425 CARLTON ROAD FT. PIERCE FL 34988-3210
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3. Date Incorporated or Qualified 12/05/1994	3a. Date of Last Report 04/22/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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4. FEI Number 59-0997090	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KERR, ROBERT S SR
9425 CARLTON ROAD
FT. PIERCE FL 34988**

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	
TITLE	D <input type="checkbox"/> DELETE
NAME	WEBMAN, JEFF
STREET ADDRESS	6625 SANTONA ROAD
CITY-ST-ZIP	CORAL GABLES FL 33148
TITLE	DST <input type="checkbox"/> DELETE
NAME	O'LARRY, DANIEL
STREET ADDRESS	P.O. BOX 2909 N/A
CITY-ST-ZIP	JACKSONVILLE FL 32203
TITLE	D <input type="checkbox"/> DELETE
NAME	LEE, GARY
STREET ADDRESS	P.O. BOX 3987 N/A
CITY-ST-ZIP	KISSIMMEE FL 32741
TITLE	DP <input type="checkbox"/> DELETE
NAME	KERR, ROBERT
STREET ADDRESS	P.O. BOX 708 N/A
CITY-ST-ZIP	BELLE GLADE FL 33430
TITLE	D <input type="checkbox"/> DELETE
NAME	HODGE, SHERRY
STREET ADDRESS	P.O. BOX 730 N/A
CITY-ST-ZIP	BELLE GLADE FL 33430
TITLE	DV <input type="checkbox"/> DELETE
NAME	WILLIAMS, STEVE
STREET ADDRESS	P.O. BOX 730 N/A
CITY-ST-ZIP	BELLE GLADE FL 33430

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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: _____ DATE: **1/30/97** (561) 461-6679 DAYTIME PHONE # **0072348**

CR2E037 (9/96)