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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000005974 (0)

1. Corporation Name

ALLAPATTAH PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9425 CARLTON ROAD
FT. PIERCE FL 34988

9425 CARLTON ROAD
FT. PIERCE FL 34988



3. Date Incorporated or Qualified

12/05/1994

4. FEI Number

59-0997090

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KERR, ROBERT S SR
9425 CARLTON ROAD
FT. PIERCE FL 34988

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

DELETE

NAME

WEBMAN, JEFF

STREET ADDRESS

0625 SANTONA ROAD

CITY-ST-ZIP

CORAL GABLES FL 33146

TITLE

DST

DELETE

NAME

O'LARRY, DANIEL

STREET ADDRESS

P.O. BOX 2909 N/A

CITY-ST-ZIP

JACKSONVILLE FL 32203

TITLE

D

DELETE

NAME

LEE, GARY

STREET ADDRESS

P.O. BOX 3967 N/A

CITY-ST-ZIP

KISSIMMEE FL 32741

TITLE

DP

DELETE

NAME

KERR, ROBERT

STREET ADDRESS

P.O. BOX 708 N/A

CITY-ST-ZIP

BELLE GLADE FL 33430

TITLE

D

DELETE

NAME

HODGE, SHERRY

STREET ADDRESS

P.O. BOX 730 N/A

CITY-ST-ZIP

BELLE GLADE FL 33430

TITLE

DV

DELETE

NAME

WILLIAMS, STEVE

STREET ADDRESS

P.O. BOX 730 N/A

CITY-ST-ZIP

BELLE GLADE FL 33430

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE

CR2E037 (10/97)