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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005974

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


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/05/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0997090	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

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

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 <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBMAN, JEFF	12 NAME	
STREET ADDRESS	6625 SANTONA ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33148	14 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'LARRY, DANIEL	22 NAME	
STREET ADDRESS	P.O. BOX 2909 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32203	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, GARY	32 NAME	
STREET ADDRESS	P.O. BOX 3967 N/A	33 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 32741	34 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERR, ROBERT	42 NAME	
STREET ADDRESS	P.O. BOX 708 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGE, SHERRY	52 NAME	
STREET ADDRESS	P.O. BOX 730 N/A	53 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	54 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, STEVE	62 NAME	
STREET ADDRESS	P.O. BOX 730 N/A	63 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430	64 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 registered agent 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)