

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001217 (7)
1. Corporation Name
COURT OF PALMS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 106 AVENIDA MESSINA, #8 SARASOTA FL 34242	Mailing Address 106 AVENIDA MESSINA, #8 SARASOTA FL 34242-2053
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/13/1995	3a. Date of Last Report 04/05/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number APPLIED FOR 65-0650867	Applied For <input checked="" type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. 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 DIXON DEVELOPMENT, INC. 106 AVENIDA MESSINA, #8 SARASOTA FL 34242		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE Charles R. Dixon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIXON, CHARLES R		1.2 NAME	
STREET ADDRESS 106 AVENIDA MESSINA, #8		1.3 STREET ADDRESS 414 Claymont Rd.	
CITY-ST-ZIP SARASOTA FL 34242		1.4 CITY-ST-ZIP Lake Placid, Fl. 33852	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE Andrea S. Beitlich	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIXON, ANDREA S		2.2 NAME	
STREET ADDRESS 106 AVENIDA MESSINA, #8		2.3 STREET ADDRESS 414 Claymont Rd.	
CITY-ST-ZIP SARASOTA FL 34242		2.4 CITY-ST-ZIP Lake Placid, Fl. 33852	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BEITLICH, PAUL D		3.2 NAME	
STREET ADDRESS 2033 MAIN STREET, #101		3.3 STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34237		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Charles R. Dixon* 5/1/97 (941) 359-2160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063782

CR2E037 (9/96)