

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90024 035 ****61.25

0068301

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

DOCUMENT # **N95000001217**

1. Corporation Name

COURT OF PALMS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business
**106 AVENIDA MESSINA, #8
SARASOTA FL 34242**

Mailing Address
**P.O. BOX 2890
LAKE PLACID FL 33862**



2. Principal Place of Business 21 675 S.E. LAKEVIEW DRIVE Suite, Apt. #, etc.		2a. Mailing Address 26 675 S.E. LAKEVIEW DRIVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/13/1995	
22		27		4. FEI Number 65-0650867 Applied For Not Applicable	
23 SEBRING, FL City & State Zip 33870-3317 Country		28 SEBRING, FL City & State Zip 33870-3317 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33870-3317 25		29 33870-3317 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DIXON DEVELOPMENT, INC. P.O. BOX 2890 LAKE PLACID FL 33862				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable) 675 S.E. LAKEVIEW DRIVE	
				83	
				84 City SEBRING FL 85 Zip Code 33870-3317	

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 **CHARLES R. DIXON** *Charles R. Dixon* **3-10-99**
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			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD			1.1 TITLE			
NAME	DIXON, CHARLES R			1.2 NAME			
STREET ADDRESS	P.O. BOX 2890 N/A			1.3 STREET ADDRESS	675 S.E. LAKEVIEW DRIVE		
CITY-ST-ZIP	LAKE PLACID FL 33862			1.4 CITY-ST-ZIP	SEBRING, FL 33870-3317		
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIXON, ANDREA S			2.2 NAME			
STREET ADDRESS	P.O. BOX 2890 N/A			2.3 STREET ADDRESS	675 S.E. LAKEVIEW DRIVE		
CITY-ST-ZIP	LAKE PLACID FL 33862			2.4 CITY-ST-ZIP	SEBRING, FL 33870-3317		
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 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, with all other like empowered.

SIGNATURE: **CHARLES R. DIXON** *Charles R. Dixon, Pres.* **3/10/99** (941) 386-1005
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)