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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000004979 (8)

1. Corporation Name
THE FLORIDA CLUB PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: 1380 S.W. KANNER HIGHWAY, STUART FL 34997
Mailing Address: 1380 S.W. KANNER HIGHWAY, STUART FL 34997-7111

3. Date Incorporated or Qualified: 09/26/1996
3a. Date of Last Report

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-0727569	Not Applicable
22	22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State	City & State	<input type="checkbox"/>	
23	23. Zip	28. Zip	6. Election Campaign Financing	\$5.00 May Be Added to Fees
	Country	Country	Trust Fund Contribution	<input type="checkbox"/>
24	24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Country	Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SOPKO, JAMES 2307 S.E. MONTEREY ROAD STUART FL 34998		81 Name	Sheridan M. Springer
		82 Street Address (P.O. Box Number Is Not Acceptable)	400 Toney Penna Dr.
		83	
		84 City	JUPITER FL 85 Zip Code 33458

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: *Sheridan M. Springer* 3-31-97
Signature, typed or printed name of registered agent and title, applicable. (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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, DICK	1.2 NAME	ROBERT KEMMER
STREET ADDRESS	1380 S.W. KANNER HIGHWAY	1.3 STREET ADDRESS	1380 S.W. KANNER HIGHWAY
CITY-ST-ZIP	STUART FL 34997	1.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, JOHN	2.2 NAME	GREG COTTEN
STREET ADDRESS	1380 S.W. KANNER HIGHWAY	2.3 STREET ADDRESS	1380 S.W. KANNER HIGHWAY
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	STUART, FLORIDA 34997
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEDOW, DIANA	3.2 NAME	
STREET ADDRESS	1380 S.W. KANNER HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	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: *Sheridan M. Springer* 3/28/97 (561) 288-0048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072328

CR2E037 (9/96)