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0080724

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

05-03-1999 90077 032 ****61.25

DOCUMENT # N96000004979

1. Corporation Name

THE FLORIDA CLUB PROPERTY OWNERS ASSOCIATION, IN C.

472219-90077-32

Principal Place of Business
1380 S.W. KANNER HIGHWAY
STUART FL 34997

Mailing Address
1380 S.W. KANNER HIGHWAY
STUART FL 34997



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
09/26/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0727569

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE JESUS, ESTHER
400 TONEY PENNA DR
JUPITER FL 33458

81 Name STEVE INGLIS
82 Street Address (P.O. Box Number is Not Acceptable)
C/O BRISTOL MANAGEMENT SERVICES INC
83 103 S. U.S. 1, SUITE F5-135
84 City JUPITER FL 85 Zip Code 33477

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 STEVE INGLIS

Steve Inglis

4-27-99

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

(NOTE: Registered Agent signature required when existing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE BPD
NAME COTTEN, GREGORY
STREET ADDRESS 1380 S.W. KANNER HIGHWAY
CITY-ST-ZIP STUART FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME FOWLER, WILLIAM
STREET ADDRESS 1380 S.W. KANNER HIGHWAY
CITY-ST-ZIP STUART FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD
NAME STEVENS, SUE
STREET ADDRESS 1380 S.W. KANNER HIGHWAY
CITY-ST-ZIP STUART FL 34997

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

561-287-8880

Daytime Phone #

CR2E037 (1/98)