

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90245 021 ***61.25

DOCUMENT # N96000004979



1. Entity Name
**THE FLORIDA CLUB PROPERTY OWNERS ASSOCIATION, IN
C.**

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
Suite, Apt. #, etc.

3. Mailing Address
Bristol Management Services
Suite, Apt. #, etc.
1930 Commerce Lane Ste 1

City & State
Jupiter, FL



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0727569** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
INGLIS, STEVE
1930 COMMERCE LANE, STE-1
JUPITER FL 33458

7. Name and Address of New Registered Agent
Name **Bristol Management Services**
Street Address (P.O. Box Number is Not Acceptable) **1930 Commerce Lane Ste 1**
City **Jupiter** FL Zip Code **33458**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Steve Inglis** DATE **4/17/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FOWLER, WILLIAM 851 SE MONTERY COMMONS BLVD. STUART FL 34996 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS MCPHEETERS, JANICE 1380 SW KANNER HWY STUART FL 34997 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUDLAM, LESLEY 1380 SW KANNER HWY STUART FL 34997 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. D Anacreonte, Anthony 8460 SW Cruden Bay Ct. STUART, FL 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres D Przybyski, Frank 1030 SW Bluestem Way STUART, FL 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary D Slayin, Elyse 885 SW Blue Stem Way STUART, FL 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer D Boland, Brenda 1309 SW Eagleleglen Place STUART, FL 34997 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: **Anthony Anacreonte** **Anthony Anacreonte** 772-288-7255

CR2E037 (10/02)