

FILE NOW: FILING FEE AFTER MAY 1 1995 \$5.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:31

DOCUMENT # **744828** (5)
1. Corporation Name
PALMETTO POINT CMC ASSOCIATION, INC.

Principal Place of Business Mailing Address
**637 PALMETTO POINT DR.
PALMETTO FL 34221** **P. O. BOX 628
PALMETTO FL 34220
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/03/1978	3a. Date of Last Report 01/28/1994
4. FEI Number 59-6163911	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

9. Name and Address of Current Registered Agent
**ELDRED, ROUSH F
732 46TH ST. W.
PALMETTO FL 34221**

10. Name and Address of New Registered Agent
81 Name **Walter M. Streich**
82 Street Address (P.O. Box Number is Not Acceptable) **5016 - 3rd Ave. W.**
83 **Palmetto, FL 34221**
84 City " " **FL** 85 Zip Code "

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Walter M. Streich, Treasurer** *Walter M. Streich* **Feb 20, 95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring) DATE

12. OFFICERS AND DIRECTORS	
TITLE	V
NAME	TURNER, DORIS
STREET ADDRESS	4538-3RD AVE., W.
CITY - ST - ZIP	PALMETTO PT, FL 00000
TITLE	D
NAME	MEARS, JAMES
STREET ADDRESS	520 43RD ST., W.
CITY - ST - ZIP	PALMETTO PT, FL 00000
TITLE	D
NAME	STINSON, KENNETH
STREET ADDRESS	320 46TH ST. W.
CITY - ST - ZIP	PALMETTO FL
TITLE	P
NAME	CALVART, EVERETT W
STREET ADDRESS	4910 5TH AVE. W.
CITY - ST - ZIP	PALMETTO FL
TITLE	D
NAME	SPRAGUE, MILDRED
STREET ADDRESS	715-45TH ST. COURT, W.
CITY - ST - ZIP	PALMETTO FL
TITLE	T
NAME	STREICH, WALTER
STREET ADDRESS	5016 3RD AVE., W
CITY - ST - ZIP	PALMETTO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	Gordon Stanhope
3 3 STREET ADDRESS	4404 - 3rd Av. W.
3 4 CITY - ST - ZIP	Palmetto, FL 34221
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	P David Clooney
4 3 STREET ADDRESS	4316 - 3rd Av. W.
4 4 CITY - ST - ZIP	Palmetto, FL 34221
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	D Steven Tejkl
5 3 STREET ADDRESS	435 - 41st St. W.
5 4 CITY - ST - ZIP	Palmetto, FL 34221
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	D Eldred Roush
6 3 STREET ADDRESS	732 - 46th St. W.
6 4 CITY - ST - ZIP	Palmetto, FL 34221

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: **WALTER M. STREICH** *Walter M. Streich* **3/19/95 (813)722-5624**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR