FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 1. Corporation Name 744828 (5)

PALMETTO POINT CIVIC ASSOCIATION, INC.

Principal Place of Business Mailing Address					1 (MULLI COR)C DINIT OCHUS (BILD 1908)	NOTE DIBIT BURIT BURIT BURIT BURIT BURIT BURIT	
637 PALMETTO POINT DR. P. O. BC PALMETTO FL. 34221 PALMET US			628 FL. 34220-0628				
					3. Date Incorporated or Qualified 11/03/1978	3a. Date of Last Report 02/16/1996	
2. Principal F	Place of Business	2a. Mailing	Address		4. FEI Number	Applied For	
21		26			59-6163911	Not Applicable	
Suite, Apt	#, etc.	Suite, A	.pt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 City & Sta	1.0	27			U. Commond of Grand Desired	Fee Required	
23 City & Sta	ie	├ ─┐ `	City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country		Cou	ntry	Trust Fund Contribution	Added to Fees	
24	25	29	30		8. This corporation has liability for i	No No	
	9. Name and Address of Co				10. Name and Address of New Re		
				81 Name	MA> STANFOKD	<u> </u>	
STREICH, WALTER M				82 Street Add	Address (P.O. Pox Number is Net Acceptable)		
5016 3RD AVE, W				13- 0 21 01			
PALME	TTO FL 34221			63			
			ì	84 City. 7)	1LMETTS	85 Zip,Code	
						FL 39001	
office or	to the provisions of Sections 617 registered agent, or both, in the S	7,0502 and 617,1508, State of Florida, Such	change was authorized	ove-named corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered	
	am familiar with, and accept the	obligations of, Section	i 617.0603, Florida Stati	utes.		-11-10-	
SIGNATURE	Signature typed or printed name of register	ed abort and title II and while	/NOTE Benisterer	Agent signature requ	irad uhan rainstalina	2/14/7/ DATE	
12.		S AND DIRECTORS	13.	Agont organization requ	ADDITIONS/CHANGES TO OFFICE		
TITLE	V	J	DELETE 1.1 TIT	LE 1		☐ Change	
NAME	Turner, Doris	•	1.2 NA	ME 7	TOMAS STANFORD	• •	
STREET ADDRESS	4536-3RD AVE.,W.	_	1,3 ST	reet address 🗸	432 - 45 SI.CT W.		
CITY-ST-ZIP	PALMETTO PT, FL 00000			TY-ST-ZIP	PALMETTO FLA 34	221	
TITLE	D	,	DELETE 2.1 TIT	$^{\mathrm{u}}$ D T	OHIV ADAMS	Change Addition	
NAME	MEARS, JAMES 520 43RD ST., W.		2.2 NA	···· 2	1811-5IH AVE W		
STREET ADDRESS CITY-ST-ZIP	PALMETTO PT, FL 00000	1			PALMETTO FLA 34) et /	
TITLE	D	<u>, </u>	DELETE 3.1 TIT		PLINE 110 / LA STA	Change Addition	
NAME	STANHOPE, GORDON		3.2 NA				
STREET ADDRESS	4404-3RD AV. W		3.3 ST	REET ADDRESS			
CITY-S1-ZIP	PALMETTO FL		3.4. CI	TY-ST-ZIP			
TITLE	P		DELETE 4.1 TIT	LE		☐ Change ☐ Addition	
NAME	CLOONEY, DAVID		4.2 NA	ME.			
STREET ADDRESS	4316-3RD AVE. W.		4.3 ST	REET ADDRESS			
CHTY-ST-7IP	PALMETTO FL			Y-ST-ZIP			
TITLE	D TO IVA OTENICAL	ι	DELETE 51 TIT			Change Addition	
NAME STREET ADDRESS	TEJKL, STEVEN 435-41ST ST. W.		5.2 NA				
	PALMETTO FL			REET ADDRESS			
CITY-ST-ZIP TITLE	T		DELETE 6.1 TIT	Y-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME	STREICH, WALTER		6.2 NA			The second of th	
STREET ADDRESS	5016 3RD AVE., W			REET ADDRESS			

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 autochment with an address. SIGNATURE:

(941) 729-3093

FILED

Mar 03 1997 8:00am

Secretary of State

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