


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 08 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



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

3. Date Incorporated or Qualified: 11/03/1978  
 4. FEI Number: 59-6163911  
 Applied For: Not Applicable  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
 STANFORD, THOMAS  
 432 45TH ST CT W.  
 PALMETTO FL 34221

10. Name and Address of New Registered Agent  
 81 Name: Michael LOGAN  
 82 Street Address (P.O. Box Number is Not Acceptable): 444 48th ST WEST  
 83 City: PALMETTO FL 85 Zip Code: 34221

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: *Michael Logan* (NOTE: Registered Agent signature required when reinstating) DATE: 6-30-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	NAME: STANFORD, THOMAS	1.1 TITLE: T	LOGAN, MICHAEL
STREET ADDRESS: 432 45TH ST CT W.	CITY-ST-ZIP: PALMETTO FL	1.2 NAME: LOGAN, MICHAEL	1.3 STREET ADDRESS: 444 48th ST WEST
		1.4 CITY-ST-ZIP: PALMETTO FL 34221	
TITLE: D	NAME: ADAMS, JOHN	2.1 TITLE: D	DICK PATTERSON
STREET ADDRESS: 4811 5TH AVE W.	CITY-ST-ZIP: PALMETTO FL	2.2 NAME: DICK PATTERSON	531 44th ST CT WEST
		2.3 STREET ADDRESS: 531 44th ST CT WEST	PALMETTO, FL. 34221
		2.4 CITY-ST-ZIP: PALMETTO, FL. 34221	
TITLE: D	NAME: STANHOPE, GORDON	3.1 TITLE:	
STREET ADDRESS: 4404-3RD AV. W	CITY-ST-ZIP: PALMETTO FL	3.2 NAME:	
		3.3 STREET ADDRESS:	
		3.4 CITY-ST-ZIP:	
TITLE: P	NAME: CLOONEY, DAVID	4.1 TITLE:	
STREET ADDRESS: 4316-3RD AVE. W.	CITY-ST-ZIP: PALMETTO FL	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: D	NAME: TEJL, STEVEN	5.1 TITLE:	
STREET ADDRESS: 435-41ST ST. W.	CITY-ST-ZIP: PALMETTO FL	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE: T	NAME: STREICH, WALTER	6.1 TITLE:	
STREET ADDRESS: 5016 3RD AVE., W	CITY-ST-ZIP: PALMETTO FL	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.

SIGNATURE: *Michael Logan* DATE: 6-30-98 DAYTIME PHONE #: 941-725-1059 (h) 813-653-0601 (w)

CR2E037 (5/98)