## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 744828**

1. Corporation Name

PALMETTO POINT CIVIC ASSOCIATION, INC.

Principal Place of Busine	SS
637 PALMETTO POINT DE	₹.

Mailing Address

P. O. BOX 628 PALMETTO FL. 34220



02-21-1999 90049 015 \*\*\*\*70.00



2. Principal F	al Place of Business 2a. Mailing Address			3. Date Incorporated or Qualifed			
21		26			11/03/1978		
Suite, Apt.	Suite, Apt. #, etc.  Suite, Apt. #, etc.			4. FEI Number Applied For			
22		27			59-6163911 Not Applicable		
City & Stat	e	City & State			\$8.75 Additional		
23		28			5. Certificate of Status Desired Fee Required		
Zip	Country	Zip	Соц	ntry	6. Election Campaign Financing \$5.00 May Be		
24	25	29	30		Trust Fund Contribution Added to Fees		
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New Registered Agent		
				81 Name	HOMAS G. STANFORD		
LOGAN, MICHAEL 82 Stre					Howas G. STANTORI)		
	ST WEST			oz Sireei	et Address (P.O. Rex Number is Not Acceptable)		
_ :::::::::::::::::::::::::::::::::::::	0 FL 34221			83			
FALMETT	U FL 34221						
				84 City *	PALMETTO FL 85 3422		
11. Pursuant	to the provisions of Sections 617 0502	and 617 1508. Florida Statutes	s the a	hove-named	corporation submits this statement for the purpose of changing its registered		
office or r	egistered agent, or both, in the State of	Florida, Such change was aut	thorized	by the corpo	pration's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar with and accept the obligatio	ons of Section 617.0503, Flori	da Stati	Jtes.	16/26		
SIGNATURE	Signature, typed or printed name of registered agent a	Stan-Jan			equired when reinstating)		
12.	OFFICERS AND		13.	Agent signature r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	DELETE	1,1 TII	n E	Change Addition		
	. ·	<b>/</b>	ŀ		Thomas G. STANFORD		
NAME	STANFORD, THOMAS		1.2 NA	_	432 45Th ST. CT. W		
STREET ADDRESS	102 10111 01 01 111		1	REET ADDRESS			
CITY-ST-ZIP	PALMETTO FL		_	TY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 7[]	TLE .	Change Addition		
NAME	ADAMS, JOHN		2.2 NA	ME	Kenneth Storn		
STREET ADDRESS	4811 5TH AVE W.		2.3 ST	REET ADDRESS	=		
CITY-ST-ZIP- —	-PALMETTO-FL		12:4 Cf	TY-ST-ZIP ~	-Pacmetto-Fc-34221		
TITLE	D	☐ DELETE	3.1 TIT	LE	D □ Change □ Addition		
NAME	STANHOPE, GORDON		3.2 NA	ME.	JAMES WILLIAMS		
STREET ADDRESS	4404-3RD AV. W		3.3 ST	REET ADDRESS	315 SOTH ST, W		
CITY-\$T-ZIP	PALMETTO FL		3.4. CI	TY-ST-ZIP	PALMETTO FL 34221		
TITLE	P	☐ DELETE	4.1 TIT	LE .	☐ Change ☐ Addition		
NAME	CLOONEY, DAVID		4. 2 N	ME I			
STREET ADDRESS	4316-3RD AVE. W.			REET ADDRESS			
CITY-ST-ZIP	PALMETTO FL		B.	Y-ST-ZIP			
TITLE	T	DELETE	5.1 TiT		☐ Change ☐ Addition		
NAME	LOGAN, MICHAEL		5.2 NA				
STREET ADDRESS	444 48TH ST WEST		5.3 ST	REET ADDRESS			
	_ : : : : <del></del> :			Y-ST-ZIP			
CITY-ST-ZIP TITLE	PALMETTO FL 34221 D	DELETE	6.1 TIT		☐ Change ☐ Addition		
	<u>-</u>	Dece 15	6.2 NA		Figuration		
NAME	PATTERSON, DICK						
STREET ADDRESS	531 44TH ST CT WEST			REET ADDRESS	_		
CITY-ST-ZIP	PALMETTO FL 34221	AT EU		Y-ST-ZIP	<b>U</b>		
14 I hereby o	ertify that the information supplied with t	this filing does not qualify for t	he exer	nption 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 file empowered.

SIGNATURE: