

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

99 JUN -7 AM 8:32

KH

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749233 (3)
1. Corporation Name
PALMETTO POINT ASSOCIATION, INC.

Principal Place of Business Mailing Address
PO BOX 8502 FT. MYERS FL 33908 **PO BOX 8502 FT. MYERS FL 33908**



3. Date Incorporated or Qualified
10/08/1979

4. FEI Number **59-1981012** 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
MCHALE, GERARD A., JR.
6191 COLLEGE PKWY.
STE. 302
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
508002905075-9

83 **-06/15/99 -01060-006**

84 City *****297.50 FL ***287.60**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	SCHIPPEREIT, MARY
STREET ADDRESS	6798 GRIFFIN BLVD.
CITY-ST-ZIP	FT MYERS, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	ROBERT MARTA
STREET ADDRESS	6842 GRIFFIN BLVD
CITY-ST-ZIP	FT MYERS FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	CRANE, MORTON J.
STREET ADDRESS	4864 LAUREL LANE
CITY-ST-ZIP	FT MYERS, FL 00000
TITLE	SD <input type="checkbox"/> DELETE
NAME	RICHARD PORELL
STREET ADDRESS	6757 DANAH CT
CITY-ST-ZIP	FT MYERS, FL 00000
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	FAULKNER, ED
STREET ADDRESS	4849 SHERRY LANE
CITY-ST-ZIP	FT MYERS, FL 0
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD LEIGH ANN BISSBORT
1.3 STREET ADDRESS	4804 LAUREL LN
1.4 CITY-ST-ZIP	FT. MYERS, FL 33908
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T.D. JOHN SANDERS
3.3 STREET ADDRESS	4850 LAUREL LN.
3.4 CITY-ST-ZIP	FT. MYERS, FL 33908
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VPD JIM NILAND
5.3 STREET ADDRESS	6852 GRIFFIN BLVD.
5.4 CITY-ST-ZIP	FT. MYERS, FL 33908
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)