

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$169 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 AUG -3 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759056 (5)
1. Corporation Name
NEEDLE RUSH POINT OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
17119 PERDIDO KEY DRIVE 17119 PERDIDO KEY DRIVE
PENSACOLA FL 32507 PENSACOLA FL 32507

3. Date Incorporated or Qualified 07/08/1981 3a. Date of Last Report 01/19/1994

4. FEI Number 59-2150395 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

22 City & State 27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAUER, JEFFREY T.
316 S. BAYLEN STREET
SUITE 600
PENSACOLA FL 32501

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BRAMLETT, E.C.
STREET ADDRESS	4212 MICHAEL BLVD
CITY - ST - ZIP	MOBILE AL
TITLE	VP
NAME	WOODFALL, KEITH
STREET ADDRESS	20 MEDICAL ARTS
CITY - ST - ZIP	OPELIKA AL
TITLE	VP
NAME	COOPER SUSAN
STREET ADDRESS	8 HANCOCK PLACE
CITY - ST - ZIP	GULFPORT MS
TITLE	TD
NAME	HAMMOCK RAY
STREET ADDRESS	202 RIDGEWOOD PLACE
CITY - ST - ZIP	MOBILE AL
TITLE	VD
NAME	MAXWELL PAT
STREET ADDRESS	252 ARDEN PL
CITY - ST - ZIP	NASHVILLE TN
TITLE	D
NAME	ENRIGHT, EDWARD
STREET ADDRESS	17119 PERDIDO KEY DR B-20
CITY - ST - ZIP	PENSACOLA FL

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Edward Enricht	
1.3 STREET ADDRESS	17119 Perdido Key Drive, #B-26	
1.4 CITY - ST - ZIP	Pensacola, FL 32507	
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	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rebecca Johnston	
3.3 STREET ADDRESS	P. O. Box 34205	
3.4 CITY - ST - ZIP	Pensacola, FL 32507	
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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	E. C. Bramlett	
5.3 STREET ADDRESS	4212 Michael Blvd	
5.4 CITY - ST - ZIP	Mobile, AL 36609	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	William Triplett	
6.3 STREET ADDRESS	17119 Perdido Key Drive, #B-16	
6.4 CITY - ST - ZIP	Pensacola, FL 32507	

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 119.07(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 and changed, or on an attachment with an address.

SIGNATURE: *Edward Enricht* *William R. A. Triplett* 7-29-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Secretary/Trustee #

CR2E037 (3/95)