

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 759056 (5)

1. Corporation Name

NEEDLE RUSH POINT OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

17119 PERDIDO KEY DRIVE
PENSACOLA FL 32507

17119 PERDIDO KEY DRIVE
PENSACOLA FL 32507

3. Date Incorporated or Qualified 07/08/1981
3a. Date of Last Report 08/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number 59-2150395

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ENRIGHT, EDWIN C. EDWIN	
STREET ADDRESS	17119 PERDIDO KEY DRIVE #B26	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WOODFALL, KEITH	
STREET ADDRESS	20 MEDICAL ARTS	
CITY-ST-ZIP	OPELIKA AL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSTON, REBECCA	
STREET ADDRESS	P. O. BOX 34205	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAMMOCK RAY	
STREET ADDRESS	202 RIDGEWOOD PLACE	
CITY-ST-ZIP	MOBILE AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAMLETT, E.C.	
STREET ADDRESS	4212 MICHAEL BLVD	
CITY-ST-ZIP	MOBILE AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRIPLETT, WILLIAM	
STREET ADDRESS	17119 PERDIDO KEY DRIVE, B16	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Enright, EDWIN C. EDWIN	
1.3 STREET ADDRESS	17119 Perdido Key Drive	
1.4 CITY-ST-ZIP	Pensacola, FL 32507	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Woodall, Keith	
2.3 STREET ADDRESS	20 Medical Arts Center	
2.4 CITY-ST-ZIP	Opelika, AL 36802	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bramlett, E.C.	
5.3 STREET ADDRESS	4212 Michael Boulevard	
5.4 CITY-ST-ZIP	Mobile, AL 36609	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Triplett, William	
6.3 STREET ADDRESS	610 5th Avenue	
6.4 CITY-ST-ZIP	Opelika, AL 36801	

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)(k), 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: *C. Edwin Enright* C. EDWIN ENRIGHT 4/27/96 904-972-1315
DATE: Daytime Phone #

CR2E037 (12/95)

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Attachment to 1996 Non Profit Corporation Annual Report

Item 13 - Continued

7.1 Title: D Addition
7.2 Name: Morrissey, Pat
7.3 Address: 438 Nighthawk
7.4 City, St, Zip: Slidell, LA 70461

8.1 Title: SD Addition
8.2 Name: Murphy, John
8.3 Address: 240 South 69th Avenue
8.4 City, St, Zip: Pensacola, FL 32506

9.1 Title: D Addition
9.2 Name: Grady, Ann
9.3 Address: 2711 Rocky Brook Drive
9.4 City, St, Zip: Opelika, AL 36801