

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 766676 (1)
1. Corporation Name
POINT SEASIDE RESIDENTS ASSOCIATION, INC.



Principal Place of Business: **800 POINT SEASIDE DR PO BOX 815 CRYSTAL BCH. FL 34681**
Mailing Address: **800 POINT SEASIDE DR PO BOX 815 CRYSTAL BCH. FL 34681**

3. Date Incorporated or Qualified: **01/24/1983**
3a. Date of Last Report: **03/17/1995**
4. FEI Number: **59-2381368**
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

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

9. Name and Address of Current Registered Agent

**RUSSELL, NANCY M
800 POINT SEASIDE DRIVE
CRYSTAL BEACH FL 34681**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUCKEY, JAMES M.	
STREET ADDRESS	860 POINT SEASIDE DR.	
CITY-ST-ZIP	CRYSTAL BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MASER, ANDREA N	
STREET ADDRESS	884 POINT SEASIDE DRIVE	
CITY-ST-ZIP	CRYSTAL BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RUSSELL, NANCY M	
STREET ADDRESS	800 POINT SEASIDE DR	
CITY-ST-ZIP	CRYSTAL BCH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, ROBERT C	
STREET ADDRESS	P O BOX 6791 N/A	
CITY-ST-ZIP	OZONA FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BUNN, MIKEL	
STREET ADDRESS	1063 POINT SEASIDE DRIVE	
CITY-ST-ZIP	CRYSTAL BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD GARI CARTER
2.3 STREET ADDRESS	1015 POINT SEASIDE DRIVE
2.4 CITY-ST-ZIP	CRYSTAL BEACH, FL 34681
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Nancy M Russell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/8/96 Daytime Phone #: 813-787-0760

CR2E037 (12/95)