

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34681-0815
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3. Date Incorporated or Qualified 01/24/1983	3a. Date of Last Report 02/14/1996
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21. Principal Place of Business 1051 Point Seaside Dr.	22a. Mailing Address 1051 Point Seaside Dr.
22. Suite, Apt #, etc.	27. Suite, Apt #, etc. P.O. Box 815
23. City & State Crystal Bch. FL	28. City & State Crystal Bch. FL
24. Zip 34681	25. Country Pinellas
29. Zip 34681	30. Country Pinellas

4. FEI Number 59-2381368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Daniel Melker
82. Street Address (P.O. Box Number is Not Acceptable) Point Seaside Dr.
83. [Blank]
84. City Crystal Bch. FL
85. Zip Code 34681

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	LUCKEY, JAMES M.	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 860 POINT SEASIDE DR.	CRYSTAL BCH FL	
TITLE SD	CARTERI, GARI	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1015 POINT SEASIDE DR	CRYSTAL BCH FL	
TITLE TD	RUSSELL, NANCY M	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 800 POINT SEASIDE DR	CRYSTAL BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE PD	MELKER, DANIEL J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	POINT SEASIDE DR.	
1.3 STREET ADDRESS CRYSTAL BEACH, FL. 34681		
1.4 CITY-ST-ZIP		
2.1 TITLE SD	BOUGHARD, ANGELA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	868 POINT SEASIDE DR.	
2.3 STREET ADDRESS CRYSTAL BCH. FL. 34681		
2.4 CITY-ST-ZIP		
3.1 TITLE TD	SKOLNICK, TAMMY L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1051 POINT SEASIDE DR.	
3.3 STREET ADDRESS CRYSTAL BCH. FL. 34681		
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 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 on an attachment with an address.

SIGNATURE  DATE **2/16/97** Daytime Phone # **0089558**

CR2E037 (9/96)