

FILE NOW: FILING FEE IS \$61.25

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**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90028 011 \*\*\*\*61.25

0081368

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 766676**

1. Corporation Name  
**POINT SEASIDE RESIDENTS ASSOCIATION, INC.**

Principal Place of Business 1051 POINT SEASIDE DR PO BOX 815 CRYSTAL BCH. FL 34681 US	Mailing Address 1051 POINT SEASIDE DR PO BOX 815 CRYSTAL BCH. FL 34681 US
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2. Principal Place of Business 21 <b>800 Point Seaside Dr</b> Suite, Apt. #, etc. 22 <b>P.O. Box 815</b> City & State 23 <b>CRYSTAL BEACH, FL</b> Zip 24 <b>34681</b>	2a. Mailing Address 26 <b>P.O. Box 815</b> Suite, Apt. #, etc. 27 City & State 28 <b>CRYSTAL BEACH, FL</b> Zip 29 <b>4681</b>	3. Date Incorporated or Qualified <b>01/24/1983</b>	4. FEI Number <b>59-2381368</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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9. Name and Address of Current Registered Agent <b>DANIEL MELKER</b> <b>800 POINT SEASIDE DR</b> <b>CRYSTAL BEACH FL 34681</b>	10. Name and Address of New Registered Agent 81 Name <b>NANCY M. RUSSELL</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>800 POINT SEASIDE DR</b> 83 84 City <b>CRYSTAL BEACH</b> FL 85 Zip Code <b>34681</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.4508, 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]* **Treasurer** DATE **3/28/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MELKER, DANIEL J</b>	1.2 NAME	<b>DOUGLAS COSSABOON</b>
STREET ADDRESS	<b>868 POINT SEASIDE DR</b>	1.3 STREET ADDRESS	<b>1039 POINT SEASIDE DR</b>
CITY-ST-ZIP	<b>CRYSTAL BCH FL</b>	1.4 CITY-ST-ZIP	<b>CRYSTAL BEACH, FL 34681</b>
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOUCHARD, ANGELA</b>	2.2 NAME	
STREET ADDRESS	<b>868 POINT SEASIDE DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CRYSTAL BCH FL</b>	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULLER, WILLIAM</b>	3.2 NAME	<b>NANCY M. RUSSELL</b>
STREET ADDRESS	<b>978 POINT SEASIDE DR</b>	3.3 STREET ADDRESS	<b>800 POINT SEASIDE DR</b>
CITY-ST-ZIP	<b>CRYSTAL BCH FL 34681</b>	3.4 CITY-ST-ZIP	<b>CRYSTAL BEACH, FL 34681</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SECRETARY** DATE: **3/28/99** Daytime Phone #: **727-787-0760**

CR2E037 (11/98)