

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 22 PM 3:44

DOCUMENT # N32761 (1)
1. Corporation Name

**LITTLE PINEY ISLAND PROPERTY OWNERS ASSOCIATION,
INCORPORATED**

Principal Place of Business Mailing Address
C/O CLYDE W. DAVIS C/O CLYDE W. DAVIS
13 N FOURTH ST. 13 N FOURTH ST.
FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/09/1989	3a. Date of Last Report 03/24/1994
4. FEI Number 59-3035052	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**DAVIS, CLYDE W.
13 N FOURTH ST.
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CRAVEN, MELBA 365 PINEY ISLAND POINT FERNANDINA BEACH FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EISEL, GEORGE 541 PINEY ISLAND DR. FERNANDINA BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRICE, SHARON 504 LITTLE PINEY IS. DR FERNANDINA BEACH FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FULMER, GARY R. PINEY ISLAND DRIVE FERNANDINA BEACH FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Jake E. Mottayaw 609 Little Piney Island Point Fernandina Beach, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP(D) SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	LYNN JAMES S(D) 558 Little Piney Island Drive Fernandina Beach, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T RUDY CAMPANALE 640 Piney Island Drive Fernandina Beach, FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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: J. E. Mottayaw Jake E. Mottayaw
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/95 904-261-4732
Date Daytime Phone