

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N32761 (1)
1. Corporation Name

LITTLE PINEY ISLAND PROPERTY OWNERS ASSOCIATION, INCORPORATED



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

3. Date Incorporated or Qualified 06/09/1989	3a. Date of Last Report 03/22/1995
4. FEI Number 59-3035052	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 20 S. Fifth Street Suite, Apt. #, etc.	26 20 S. Fifth Street Suite, Apt. #, etc.
22 City & State	27 City & State
23 Fernandina Beach, FL	28 Fernandina Beach, FL
24 32034 25 Nassau	29 32034 30 Nassau

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 Clyde W. Davis
	82 Street Address (P.O. Box Number is Not Acceptable) 20 S. Fifth Street
	83
	84 City Fernandina Beach FL 85 Zip Code 32034

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 _____ (NOT: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTTAYAW, JAKE E.	1.2 NAME	MOTTAYAW, JAKE
STREET ADDRESS	609 LITTLE PINEY ISLAND POINT	1.3 STREET ADDRESS	607 LITTLE PINEY ISLAND POINT
CITY-ST-ZIP	FERNANDINA BEACH FL	1.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EISEL, GEORGE	2.2 NAME	ROOKS, WILLIAM
STREET ADDRESS	541 PINEY ISLAND DR.	2.3 STREET ADDRESS	594 LITTLE PINEY ISLAND POINT
CITY-ST-ZIP	FERNANDINA BEACH FL	2.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, LYNN	3.2 NAME	CAMPANALE, RUDY
STREET ADDRESS	558 LITTLE PINEY ISLAND DR	3.3 STREET ADDRESS	640 PINEY ISLAND DRIVE
CITY-ST-ZIP	FERNANDINA BEACH FL	3.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPANALE, RUDY	4.2 NAME	GOODALL, PATRICIA
STREET ADDRESS	640 PINEY ISLAND DR	4.3 STREET ADDRESS	587 PINEY ISLAND DRIVE
CITY-ST-ZIP	FERNANDINA BEACH FL	4.4 CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
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	700001770717 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	-04/05/96--01032--027
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		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: *Rudy Campanale* 3/18/96 904/261-3256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #
Rudy Campanale ST 4-25-96

CR2E037 (12/95)