

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32761 (1)

1. Corporation Name
LITTLE PINEY ISLAND PROPERTY OWNERS ASSOCIATION, INCORPORATED

Principal Place of Business C/O CLYDE W. DAVIS 20 S. FIFTH STREET FERNANDINA BEACH FL 32034	Mailing Address C/O CLYDE W. DAVIS 20 S. FIFTH STREET FERNANDINA BEACH FL 32034
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3. Date Incorporated or Qualified
06/09/1989

4. FEI Number
59-3035052

Applied For
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**DAVIS, CLYDE W.
20 S. FIFTH STREET
FERNANDINA BEACH FL 32034**

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	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROOKS, WILLIAM	1.2 NAME	Robert Craven
STREET ADDRESS	594 LITTLE PINEY ISLAND PT	1.3 STREET ADDRESS	613 Little Piney Island Pt.
CITY-ST-ZIP	FERNANDINA BEACH FL	1.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	TD	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPANALE, RUDY	2.2 NAME	Samuel Boyd
STREET ADDRESS	640 PINEY ISLAND DR.	2.3 STREET ADDRESS	588 Little Piney Island Pt.
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	2.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	VD	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUNTLEY, JAMES	3.2 NAME	Gay Browne
STREET ADDRESS	P.O. BOX 427 N/A	3.3 STREET ADDRESS	603 Piney Island Drive
CITY-ST-ZIP	YULEE FL	3.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	SD	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHEAT, BRYAN	4.2 NAME	Rudy Campanale
STREET ADDRESS	590 PINEY ISLAND DR	4.3 STREET ADDRESS	640 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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	John Goodall
STREET ADDRESS		5.3 STREET ADDRESS	587 Piney Island Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Fernandina Beach, FL 32034
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Russ Spruance
STREET ADDRESS		6.3 STREET ADDRESS	652 Piney Island Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Fernandina Beach, FL 32034

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.

SIGNATURE: *Robert Craven* 2/17/98 (904) 261-2848

CP2E037 (10/97)