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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32761

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/09/1989	4. FEI Number 59-3035052	Applied For <input type="checkbox"/> 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	

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 85 Zip Code FL
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERT CRAVEN 613 LITTLE PINEY ISLAND PT FERNANDINA BEACH FL 32034 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SAMUEL BOYD 588 LITTLE PINEY ISLAND PT FERNANDINA BEACH FL 32034 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAY BROWNA 603 PINEY ISLAND DR FERNANDINA BCH FL 32034 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Wanda Henderson SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 591 Piney Island Drive Fernandina Beach, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUDY CAMPANALE 640 PINEY ISLAND DR FERNANDINA BEACH FL 32034 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William Rooks 594 Little Piney Island Point Fernandina Beach, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN GOODALL 587 PINEY ISLAND DR FERNANDINA BCH FL 32034 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rudy Campanale 640 Piney Island Drive Fernandina Beach, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSS SPRUANCE 652 PINEY ISLAND DR FERNANDINA BCH FL 32034 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gay Browne 603 Piney Island Drive 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, with all other like empowered.

SIGNATURE: William R. Rooks R. Rooks 2/22/99 (904) 261-2848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)