

3-12-97 B 2985 NC  
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 Mar 12 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # N95000003465 (0)  
 1. Corporation Name  
 STARBOARD POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
 223 TAYLOR ST PUNTA GORDA FL 33950  
 223 TAYLOR ST PUNTA GORDA FL 33950-4427

3. Date Incorporated or Qualified 07/21/1995  
 3a. Date of Last Report 05/01/1996  
 4. FEI Number 65-0605596  
 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
 WOTITKZY, EDWARD L  
 223 TAYLOR ST  
 PUNTA GORDA FL 33950

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	CRIST, DOUGLAS E	
STREET ADDRESS	2305 BOLLMAN DR	
CITY-ST-ZIP	LANSING MI 48917	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	JOHNS, LEWIS D	
STREET ADDRESS	316 E MICHIGAN AVE	
CITY-ST-ZIP	LANSING MI 48933	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CRIST, ALICE	
STREET ADDRESS	316 E MICHIGAN AVE	
CITY-ST-ZIP	LANSING MI 48933	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: X *[Signature]* 3/2/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0087460

CR2E037 (9/96)