


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 16 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified
 07/21/1995
 4. FEI Number
 65-0605596
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 1250 W. Marion Avenue 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27
 Punta Gorda, FL 28
 Zip Country Zip Country
 24 33950 25 USA 29 30

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
 WOTITKZY, EDWARD L
 223 TAYLOR ST
 PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent
 81 Name
 JOAN Greene
 82 Street Address (P.O. Box Number is Not Acceptable)
 265 TAMiami TRAIL
 83
 84 City PUNTA GORDA FL 85 Zip Code 33950

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 *Joan F. Greene* 7-9-98
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	CRIST, DOUGLAS E	
STREET ADDRESS	2305 BOLLMAN DR	
CITY-ST-ZIP	LANSING MI 48917	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	JOHNS, LEWIS D	
STREET ADDRESS	318 E MICHIGAN AVE	
CITY-ST-ZIP	LANSING MI 48933	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRIST, ALICE	
STREET ADDRESS	318 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Eddie Fischer	
1.3 STREET ADDRESS	1250 W. Marion Ave. - #322	
1.4 CITY-ST-ZIP	Punta Gorda, FL 33950	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gregory Oehm	
2.3 STREET ADDRESS	1250 W. Marion Ave. - #132	
2.4 CITY-ST-ZIP	Punta Gorda, FL 33950	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Norman S. Sherwood	
3.3 STREET ADDRESS	1250 W. Marion Ave. - #242	
3.4 CITY-ST-ZIP	Punta Gorda, FL 33950	
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 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: *Norman S. Sherwood* 7-9-98 941-505-8321
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)