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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003465

1. Corporation Name
STARBOARD POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
1250 W MARION AVENUE
PUNTA GORDA FL 33950
US

Mailing Address
223 TAYLOR ST
PUNTA GORDA FL 33950



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 1250 W. MARION AVE	07/21/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0605596
City & State	City & State	Applied For
23	28 PUNTA GORDA FL	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	29 33950 30 Charlotte
		\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		Trust Fund Contribution
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
GREENE, JOAN 265 TAMAMI TRAIL PUNTA GORDA FL 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 _____ 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	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, EDDIE	1.2 NAME	CURTIS HOGGE
STREET ADDRESS	1250 W MARION AVE #322	1.3 STREET ADDRESS	1250 W. MARION AVE # 233
CITY-ST-ZIP	PUNTA GORDA FL 33950	1.4 CITY-ST-ZIP	PUNTA GORDA FL 33957
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OEHM, GREGORY	2.2 NAME	
STREET ADDRESS	1250 W MARION AVE #132	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERWOOD, NORMAN S	3.2 NAME	
STREET ADDRESS	1250 W MARION AVE #242	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
Date 3-4-99 Daytime Phone # _____

CR2E037 (1/198)