

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 14 1996 8:00 am  
Secretary of State

DOCUMENT # 754679 (9)  
1. Corporation Name  
SKIMMER POINT HOMEOWNERS ASSOCIATION, INC.

|  |         |   |                                     |  |  |  |  |
|--|---------|---|-------------------------------------|--|--|--|--|
| Principal Place of Business  |         | Mailing Address                               |                                     | 3. Date Incorporated or Qualified<br><b>10/16/1980</b>                                     |  | 3a. Date of Last Report<br><b>03/15/1995</b>             |  |
| 6000 GULFPORT BLVD<br>ST PETERSBURG FL 33707<br>US                 |         | 6025 SUN BLVD<br>ST PETERSBURG FL 33715<br>US |                                     | 4. FEI Number<br><b>59-2235216</b>   |  | Applied For<br>Not Applicable                            |  |
| 2. Principal Place of Business                                     |         | 2a. Mailing Address                           |                                     | 5. Certificate of Status Desired   |  | \$8.75 Additional<br>Fee Required                        |  |
| 21   |         | 26  |                                     | 6. Election Campaign Financing<br>Trust Fund Contribution                                  |  | \$5.00 May Be<br>Added to Fees                           |  |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.                           |                                     | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 22   |         | 27  | <i>cto Community Mgmt. Concepts</i> | 10. Name and Address of New Registered Agent   |  |  |  |
| City & State   |         | City & State                                  |                                     | 81 Name  |  |  |  |
| 23   |         | 28  |                                     | 82 Street Address (P.O. Box Number is Not Acceptable)                                      |  |  |  |
| Zip  | Country | Zip   | Country                             | 83   |  |  |  |
| 24   | 25      | 29  | 30                                  | 84 City  |  |  |  |
| 9. Name and Address of Current Registered Agent                    |         |   |                                     | FL 85 Zip Code   |  |  |  |
| GOLDFARB, RICHARD<br>5820 SKIMMER POINT BLVD.<br>GULFPORT FL 33707 |         |   |                                     |  |  |  |  |

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reissuing.

DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                        |  |
|----------------------------|---------------------------------|--|---|------------------------|--|
| TITLE                      | P                               | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | VD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | BARTHOLOMAE, JACK               |  | 1.2 NAME  | Julie Calabrese        |  |
| STREET ADDRESS             | 5906 SKIMMER PT. BLVD. SOUTH    |  | 1.3 STREET ADDRESS                                    | 2836 Seabreeze Dr.     |  |
| CITY-ST-ZIP                | GULFPORT FL                     |  | 1.4 CITY-ST-ZIP                                       | Gulfport, FL 33707     |  |
| TITLE                      | VD                              | <input type="checkbox"/> DELETE            | 2.1 TITLE   | P                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GOLDFARB, RICHARD               |  | 2.2 NAME  |                        |  |
| STREET ADDRESS             | 5820 SKIMMER PT BLVD            |  | 2.3 STREET ADDRESS                                    |                        |  |
| CITY-ST-ZIP                | GULFPORT FL                     |  | 2.4 CITY-ST-ZIP                                       |                        |  |
| TITLE                      | T                               | <input type="checkbox"/> DELETE            | 3.1 TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | NIST, ROBERT                    |  | 3.2 NAME  |                        |  |
| STREET ADDRESS             | 5934 SKIMMER PT. BLVD           |  | 3.3 STREET ADDRESS                                    |                        |  |
| CITY-ST-ZIP                | GULFPORT FL                     |  | 3.4 CITY-ST-ZIP                                       |                        |  |
| TITLE                      | D                               | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | CALLOS, HARRY                   |  | 4.2 NAME  | Ren Lung               |  |
| STREET ADDRESS             | 2712 SKIMMER PT DRIVE SOUTH     |  | 4.3 STREET ADDRESS                                    | 5950 Pelican Bay Plaza |  |
| CITY-ST-ZIP                | GULFPORT FL                     |  | 4.4 CITY-ST-ZIP                                       | Gulfport, FL 33707     |  |
| TITLE                      | D                               | <input type="checkbox"/> DELETE            | 5.1 TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | NASH, LYNN                      |  | 5.2 NAME  |                        |  |
| STREET ADDRESS             | 5900 BAYVIEW CIR                |  | 5.3 STREET ADDRESS                                    |                        |  |
| CITY-ST-ZIP                | GULFPORT FL                     |  | 5.4 CITY-ST-ZIP                                       |                        |  |
| TITLE                      | D                               | <input type="checkbox"/> DELETE            | 6.1 TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BERRY, BRUCE                    |  | 6.2 NAME  |                        |  |
| STREET ADDRESS             | 5940 PELICAN BAY PLAZA, BLDG. A |  | 6.3 STREET ADDRESS                                    |                        |  |
| CITY-ST-ZIP                | GULFPORT FL                     |  | 6.4 CITY-ST-ZIP                                       |                        |  |

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/94

867 6778  
Dad: Jim E. E. E. \*

CR2E037 (12/95)