


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 27 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 # 702793 (1)
 1. Corporation Name
ELLIOTT'S POINT CHANNEL ASSOCIATION, INC.



| | |
|--|--|
| Principal Place of Business 372 GARDNER DRIVE FT WALTON BCH FL 32548 | Mailing Address 372 GARDNER DRIVE FT WALTON BCH FL 32548 |
|--|--|

3. Date Incorporated or Qualified
08/17/1961

4. FEI Number
59-1803952

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

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

**THOROUGH, DOE G.
372 GARDNER DRIVE
FT. WALTON BEACH FL 32548**

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**

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 DOE G. THOROUGH, TREASURER JANUARY 14, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | PIACENTE, GREG | |
| STREET ADDRESS | 398 GARDNER DR | |
| CITY-ST-ZIP | FT WALTON BEACH FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | CAGLE, BILL | |
| STREET ADDRESS | 80 LAURIE DR | |
| CITY-ST-ZIP | FT WALTON BEACH FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | JONES, JODY | |
| STREET ADDRESS | 306 SUDDUTH CIRCLE | |
| CITY-ST-ZIP | FT WALTON BEACH | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | THOROUGH, DOE G | |
| STREET ADDRESS | 372 GARDNER DRIVE | |
| CITY-ST-ZIP | FT WALTON BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LUSSIER, ED | |
| STREET ADDRESS | 382 GARDNER DRIVE | |
| CITY-ST-ZIP | FT WALTON BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | THOROUGH, JEROME | |
| STREET ADDRESS | 372 GARDNER | |
| CITY-ST-ZIP | FT. WALTON BEACH FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------|--|
| 1.1 TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | HERBERT., ROBERT | |
| 1.3 STREET ADDRESS | 388 GARDNER DRIVE | |
| 1.4 CITY-ST-ZIP | FT. WALTON BEACH FL | |
| 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 | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | KITAHARA., VICTORIA | |
| 3.3 STREET ADDRESS | 390 GARDNER DRIVE | |
| 3.4 CITY-ST-ZIP | FT. WALTON BEACH FL | |
| 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 | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | PIACENTE., GREG | |
| 6.3 STREET ADDRESS | 398 GARDNER DRIVE | |
| 6.4 CITY-ST-ZIP | FORT WALTON BEACH FL | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a address.

SIGNATURE: *DOE G. THOROUGH* TREAS. JAN 14, 1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davina Phone #

CR2E097 (10/97)