


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90071 046 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 702793**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/17/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1803952
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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
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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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Tom Phillips	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>HERBERT ROBERT</del>		1.2 NAME	
STREET ADDRESS <del>388 GARDNER DR</del>		1.3 STREET ADDRESS 55 Bay Drive NE	
CITY-ST-ZIP <del>FT WALTON BEACH FL</del>		1.4 CITY-ST-ZIP Fort Walton Beach, FL 32548	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>CAGLE, BILL</del>		2.2 NAME John Bass	
STREET ADDRESS <del>80 LAURIE DR</del>		2.3 STREET ADDRESS 370 Gardner Drive NE	
CITY-ST-ZIP <del>FT WALTON BEACH FL</del>		2.4 CITY-ST-ZIP Fort Walton Beach, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>KITAHAR VICTORIA</del>		3.2 NAME John Scott	
STREET ADDRESS <del>390 GARDNER DRIVE</del>		3.3 STREET ADDRESS 78 Laurie Drive	
CITY-ST-ZIP <del>FT WALTON FL</del>		3.4 CITY-ST-ZIP Ft. Walton Beach, FL 32548	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME THOROUGH, DOE G		4.2 NAME Vernon H. Miles	
STREET ADDRESS 372 GARDNER DRIVE		4.3 STREET ADDRESS 358 Gardner Drive	
CITY-ST-ZIP FT WALTON BEACH FL		4.4 CITY-ST-ZIP Ft. Walton Beach, FL 32548	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LUSSIER, ED		5.2 NAME Mike Francisco	
STREET ADDRESS 382 GARDNER DRIVE		5.3 STREET ADDRESS 394 Gardner Dr. NE	
CITY-ST-ZIP FT WALTON BEACH FL		5.4 CITY-ST-ZIP Ft. Walton Beach, FL 32548	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <del>PIACENTE GREG</del>		6.2 NAME	
STREET ADDRESS 398 GARDNER DR		6.3 STREET ADDRESS	
CITY-ST-ZIP FT WALTON BEACH FL		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: \_\_\_\_\_ DATE: JAN. 14, 1999 DAYING PHONE #: (850) 243-7036

CR2E037 (11/98)