## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT** 

1996



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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

101

Corporation	MEN   # 72314 . POINT CONDOMINIUM AS	(/						
Principal Place	e of Business	Mailing Address					eli dieli dieli	
		6300 FLOTILLA DRIVE HOLMES BCH FL 34217						
					3. Date Incorporated or Qualified 04/12/1972		ate of Last F <b>04/12/1</b> 9	
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number 59-1574409			Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
City & State	<del></del> θ	City & State			6. Election Campaign Financing			Required
23		28			Trust Fund Contribution			May Be I to Fees
Zip <b>24</b>	Country	Zip	Country		8. This corporation has liability for			199.032,
24	25 9. Name and Address of Currer		30]		Florida Statutes  10. Name and Address of New I	Yes  Registered		
			B1	Name	Robert Van Dyke			
JAMES FINN			82	Street	Address (P.O. Box Number is Not Acceptal	ole)		
6300 FLOTILLA DRIVE # 71			83		A. 1. 11			
HULME	S BEACH FL 34217		[53]	630	oo Flotilla Dr., 7 blmes Beach	<sup>#</sup> /0/		
			84	City	b/mes Beach	FL		Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above-r	amed co	progration submits this statement for the nu	rnose of cha	anging its re	noistared office
familiar wi	th, and accept the obligations of, Sect	ion 617.0503, Florida Statutes.	o by the corpo	oration s	board of directors. I hereby accept the app			-
SIGNATURE .	Signature, typed or printed name of registered agent	- dyle				4/1	2/96	2
12.	OFFICERS ANI		13.	i signature n	equired when reinstating?  ADDITIONS/CHANGES TO OFF	DAIL	•	
TITLE	D	[_]DEFELE	1.1 TITLE			[	Change	Addition
NAME	HOLLINS, ED		1.2 NAME					
STREET ADDRESS	6300 FLOTILLA DR # 98		1.3 STREET					
CITY-ST-ZIP TITLE	HOLMES BCH, FL 00000 SD	DELETE	1.4 CITY-S' 2.1 TITLE		60		Change	X Addition
NAME	DANN, CHARLOTTE	Dictie	2 1 IIILE 22 NAME		Klasing, Ann. 6300 Flotilla Dr., + Holmes Beach, FL. 34:	ا د سه.	Change	Addition
STREET ADDRESS	RD 2, PO BOX 1730 NA		2 3 STREET	ADDRESS	6300 Flotilla Dr.	-82		
CITY-ST-ZIP	WELLS VT		2 4 CITY-S	T-ZIP	Holmes Beach FL. 34:	דע		
TITLE	D	DELETE	3.1 TITLE				Change	☐ Addition
NAME	SEIGFRIED, JUNE		3.2 NAME					
STREET ADDRESS	6300 FLOTILLA DR #90		3.3 STREET	address				
CITY-ST-ZIP	HOLMES BEACH, FL 00000	DELETE	3 4. CITY - S	T - ZIP			71.0	
TITLE NAME	TD Fathke,walter	DELETE	4.1 TITLE			L	Change	☐ Addition
STREET ADDRESS	6300 FLOTILLA DR.,#103		4. 2 NAME	4000000				
CITY-ST-ZIP	HOLMES BCH, FL 00000		4.3 STREET 4.4 CITY - ST					
TITLE	VD	DELETE	5 1 TITLE		PD		Change	Addition
NAME	VANDYKE, ROBERT		5.2 NAME		Yan Dyke, Robert 4395 Rainbow Ln.	-	4	
STREET ADDRESS	4395 RAINBOW LANE		5.3 STREET	ADDRESS	4395 Rainbow Ln.			
CITY-ST-ZIP	WHITE CLOUD MI		5.4 CITY-ST		White Cloud MI			
TITLE	PD	DELETÉ	61 TITLE		VD		Change	Addition .
NAME	FINN, JAMES		62 NAME		Russell, Clayton 1835 Cross Bend Rd., N			
STREET ADDRESS	6300 FLOTILLA DR # 71			ADDRESS	1835 Cross Band Nd., N	£.		
CITY-ST-ZIP	HOLMES BCH, FL 00000  v certify that the information supplied v	with this filing is voluntarily funded	64 CITY-ST	-ZIP	Grand Rapids MT 4  lify for the exemption stated in Section 119	07/2//4 #1-	rido Ctat d	n 14 mHz - :
certify that	. The information indicated on this anni.	ial recort or supplemental acqua	d report is true	a and ac	curate and that my signature shall have the e this report as required by Chapter 617, Fi	come legal a	offeet ac if a	made under
appears in	Block 12 or Block 18 if changed, or c	on an attachment with <b>an addres</b>	snipowered ( Se	J BXBCUI	e ons report as required by Chapter 617, H	urida Statute	s, and that	my name

4/12/96

Daytme Phone #