FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Jul 08, 1999 8:00 am
Secretary of State
07-08-1999 90027 004 ****61.25

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DOCUMENT # 730595

1. Corporation Name

SKIFF POINT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
298 SKIFF POINT CLEARWATER FL 34630 33767	298 SKIFF POINT CLEARWATER FL 34630 33767

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	09/04/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1696201 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MCNEILL, GLEN
1655 LEE RD.
CLEARWATER FL 34625 33765

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BEADLE, JAMES		1.2 NAME		
STREET ADDRESS	13450 AUGUSTA DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	AUGUSTA MI 49012		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCNEILL, GLENN		2.2 NAME		
STREET ADDRESS	1655 LEE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL ~~33767~~ 33765		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MANN, PHIL		3.2 NAME		
STREET ADDRESS	298 SKIFF PT #202		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 33767		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NOVAK, LES		4.2 NAME		
STREET ADDRESS	298 SKIFF POINT #102		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34630 33767		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BIGGERS, HARRIET DECEASED		5.2 NAME	MRS. THOMAS BEALE	
STREET ADDRESS	22213 OLMSTEAD		5.3 STREET ADDRESS	298 SKIFF POINT #303	
CITY-ST-ZIP	DEARBORN MI 48154		5.4 CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99
Date

727-461-1446
Daytime Phone #

CR2E037 (11/98)