


FILE NOW: FILING FEE IS \$61.25

1082

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732843 (8)
 1. Corporation Name
EMERALD POINTE CONDOMINIUM ASSOCIATION, INC



Principal Place of Business 25188 MARION PUNTA GORDA FL 33950	Mailing Address 25188 MARION PUNTA GORDA FL 33950
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3. Date Incorporated or Qualified 05/23/1975	3a. Date of Last Report 04/12/1995
4. FEI Number 59-1623052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**DEBOEST, RICHARD D.
 2118 FIRST ST.
 FT. MYERS FL 33902**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	REICHLER, MARTYN
STREET ADDRESS	25188 MARION AVE. V-08
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	S <input type="checkbox"/> DELETE
NAME	FRASER, B. JEAN
STREET ADDRESS	25188 MARION D-412
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	GEDLING, H. ROBERT
STREET ADDRESS	25188 MARION AVE. D-111
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	T <input type="checkbox"/> DELETE
NAME	HAYES, MARVIN L
STREET ADDRESS	25188 MARION AVE. A-107
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KALBFELD, CHARLES
STREET ADDRESS	25188 MARION T-1035
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	MORSE, ROBERT
STREET ADDRESS	25188 MARION AVE. F308
CITY-ST-ZIP	PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Clark, Harold
1.3 STREET ADDRESS	25188 Marion Ave. D-108
1.4 CITY-ST-ZIP	Punta Gorda, FL 33950
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	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mariane Harig
3.3 STREET ADDRESS	25188 Marion Ave. B-305
3.4 CITY-ST-ZIP	Punta Gorda, FL 33950
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Morse, Robert
6.3 STREET ADDRESS	25188 Marion Ave. F-308
6.4 CITY-ST-ZIP	Punta Gorda, FL 33950

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), 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.

SIGNATURE: *[Signature]* **4-10-96** **941-637-1150**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #
R. Morse, President

CR2E037 (12/95)

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EMERALD POINTE

Condominium Association, Inc.

25188 Marion Avenue, Punta Gorda, FL 33950

(813) 637-1150

FAX (813) 637-9727

ADDITIONAL OFFICER



12.

D
Sturtevant, Roger
25188 Marion Ave. E-104
Punta Gorda, FL 33950