NONPROFIT							
CORPO	RATION						
ANNUAL	REPORT						



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

733698

DOCU 1. Corporatio	MENT # 73369	98	(5)							
THE F	POINTE ASSOCIATION, INC	<b>)</b> .								
Principal Place	e of Business	Mailing Addres	ss		•				ile otori otori o	
9390 MIDNI SARASOTA	GHT PASS RD FL 34242	9390 MIDNIG SARASOTA I	HT PASS RD Fl. 34242							
							3. Date Incorporated or Qualified 09/02/1975		Last Report 06/1995	1
<del></del>	lace of Business	2a. Mailing Add	Iress				4. FEI Number		Applied	l For
Suite, Apt.	# etc	26 Suite, Apt.	# 61a				59-1606537		++ <u></u>	plicable
22		27	#, etc.				5. Certificate of Status Desired	Ø \$	<b>8.75</b> Additi Fee Require	
City & Stat	е	City & State	9				6. Election Campaign Financing		5.00 May	/ Be
Zip	Country	Zip	<b>├</b> ──	ountry	,		Trust Fund Contribution  8. This corporation has liability for in	tangible tax uni	Added to Fe der s. 199.03	
24	9. Name and Address of Curre	29 Pagistered Agen	30					Yes No		
	9. Hamb and Address of Coffe	iii negistered Agen		81	Name		10. Name and Address of New Re	gistered Ager	<u>t</u>	
BECKE	r, poliakoff, pa			82			s (P.O. Box Number is Not Acceptable	<del></del>		
	ORANGE AVE, 3RD FLOOR			83	Sireci	Addies	s (i . o. box nomber is not Acceptable	···		
SAMASI	OTA FL 34236			63						
				84	City			E-1 85	Zip Code	1
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Flori	da Statutes, the el	bove-r	l named c	orporati	on submits this statement for the purp of directors. I hereby accept the appoi	ose of changing	ite registere	ad office
or register familiar wi	red agent, or both, in the State of Floi th, and accept the obligations of, Sec	rida. Such change was stion 617.0503, Florida	authorized by the Statutes.	e corp	oration's	s board	of directors. I hereby accept the appoi	ntment as regis	lered agent.	Lam
SIGNATURE										
12.	Signature, typed or printed name of registered age	nt and title if applicable.  ND DIRECTORS	(NOTE Register		t signature	required wi		DATE		
TILE	P OFFICERS AF	ND DIRECTORS	13 LETE 11	THILE		P	ADDITIONS/CHANGES TO OFFIC			
NAME	, Zalewski, Joseph			NAME			w Victor	<b>☑</b> Cha	ange ∐ Ad	dd/tion
STREET ADDRESS	9393 MIDNIGHT PASS RD.	#902N	•		ADDRESS	939	T midnight Pass Rd	9025		
CITY+ST-ZIP	SARASOTA FL	,, 002.1		CITY-S		Sax	ASOTA FIA 34	446		
TITLE	VP	□ DE		TITLE	1-716	V P	rsom (14	[] Cha	nne 🗀 Ar	ddition
NAME	HRONES, JOHN		22	NAME		SAW			g. 🗀c	Janion
STREET ADDRESS	9397 MIDNIGHT PASS RD.	#306S	23	STREET	ADDRESS	9011	16			
CITY-ST-ZIP	SARASOTA FL		2.4	CITY-S	11 - 21P					
TITLE	8	DE	LETE 31	TITLE		5		☐ Cha	nge 🔲 Ac	ddition
NAME	KELLEY, VIRGINIA		32	NAME		1146	v e.			1
STREET ADDRESS	9397 MIDNIGHT PASS RD.	<b>#</b> 604S	3.3	STREET	ADDRESS		-			
CITY-ST-ZIP	SARASOTA FL			CITY - S	1 - ZIP					
TITLE	I DAOLEY IAOK	∐DE		TITLE		1	•	☐ Cha	nge 📝 Ad	ddition
STREET ADDRESS	BAGLEY, JACK	KEN4C		NAME		HA	rsip Shirley	- O.I. n		
	9397 MIDNIGHT PASS RD. 1 SARASOTA FL	F3013			ADDRESS	93	97 MILNIGHT PASS	s Rd 70	72	
CITY-ST-ZIP TITLE	D	DE		CITY-S	- ZIP	SA.	TASOTA \$10 1342			tare
NAME	DEVERLE, HELVIN			TITLE NAME		$\mathbb{R}$	ters David	Cna	nge 🖫 Ád	חסוזוטנ
STREET ADDRESS	9397 MIDNIGHT PASS RD.	¥302			ADDRESS	LES.	ters David of Midnight Das	s Rd 30	.র<	
CITY-ST-ZIP	SARASOTA FL			OHY-SI		1	VI	_	~	
TITLE	D	DEI	CYC	TITLE	411	ס	MASOTA FIA 3434	<b>d</b> □ Cha	nge 🖪 Ad	dition
NAME	SHAW, RICHARD			NAME		•	ufeld, Milton		ىر <u>ب</u>	
STREET ADDRESS	9397 MIDNIGHT PASS RD. 1	<b>1903</b> S	6.3	STREET.	ADDRESS	430	17 Midnight Pass	s Rd. 4	065	
CITY-ST-ZIP	SARASOTA FL		6.41	CI1Y-S1	- ZIP	SAY	ASOTA ENA ' 3	4242		
<ol> <li>14. I do hereby certify that</li> </ol>	y certify that the information supplied	with this filing is volun	arily furnished and	does	not qua	lify for t	ne exemption stated in Section 119.07	(3)(k), Florida S	atutes. I furt	ther

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 signature shall have the same legal effect as if made under appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Afterlier

S13-349-6446