

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

04/20/95 - 1 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749078** (2)
1. Corporation Name
JOE'S POINT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
1915 N.E. RICOU TERRACE **1915 N.E. RICOU TERRACE**
JENSEN BEACH FL 34957 **JENSEN BEACH FL 34957**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/25/1979** 3a. Date of Last Report **04/20/1994**
4. FEI Number **59-2069628** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JANSSEN, AL
1915 N.E. RICOU TERRACE
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent
81 Name **ELEI COLLINS**
82 Street Address (P.O. Box Number is Not Acceptable) **1915 NE RICOU TERR.**
83 **JENSEN BEACH, FL**
84 City **FL** 85 Zip Code **34957**

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Al Collins* **ELEI COLLINS**
Signature (holder of certified name of registered agent and the filer only) (NOTE: Registered Agent signature required after incorporation) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BENNETT, ROBERT
STREET ADDRESS	4050 JOE'S POINT ROAD
CITY, ST, ZIP	STUART FL
TITLE	PD
NAME	FLORA, LARRY
STREET ADDRESS	4020 JOE'S POINT RD
CITY, ST, ZIP	STUART FL
TITLE	SD
NAME	WOODRUFF, ALAN
STREET ADDRESS	3990 JOE'S POINT RD
CITY, ST, ZIP	STUART FL
TITLE	TD
NAME	AAMODT, BURT
STREET ADDRESS	5550 N OCEAN DRIVE
CITY, ST, ZIP	SINGER ISLND FL
TITLE	D
NAME	GLICKMAN, LARRY
STREET ADDRESS	4310 JOE'S PT RD
CITY, ST, ZIP	STUART FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, ED	
STREET ADDRESS	4380 NE JOE'S POINT ROAD	
CITY, ST, ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JALLER, MICHAEL	
STREET ADDRESS	4110 NE JOE'S POINT ROAD	
CITY, ST, ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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, changed, or on an appointment with an address.

SIGNATURE: *Lawrence Florida* **LAWRENCE FLORA** 04/03/95 407-334-2405
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Business Hours)