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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749078 (2)
1. Corporation Name
JOE'S POINT HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 1915 N.E. RICOU TERRACE JENSEN BEACH FL 34957	Mailing Address 1915 N.E. RICOU TERRACE JENSEN BEACH FL 34957-4130
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3. Date Incorporated or Qualified 09/25/1979	3a. Date of Last Report 04/14/1996
4. FEI Number 59-2069628	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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9. Name and Address of Current Registered Agent
COLLINS, ELFI
1915 NE RICOU TERR.
JENSEN BEACH FL 34957

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: *Elfi Collins* ELFI COLLINS 03/01/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEVY, ED	
STREET ADDRESS	4380 NE JOE'S POINT ROAD	
CITY-ST-ZIP	STUART FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FLORA, LARRY	
STREET ADDRESS	4020 JOE'S POINT RD	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WOODRUFF, ALAN	
STREET ADDRESS	3990 JOE'S POINT RD	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AMODT, BERT	
STREET ADDRESS	5550 N OCEAN DRIVE	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JALLER, MICHAEL	
STREET ADDRESS	4110 NE JOE'S POINT ROAD	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	FRANCIS, DAVID	
1.3 STREET ADDRESS	4200 NE JOE'S POINT ROAD	
1.4 CITY-ST-ZIP	STUART, FL 34996	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Bert Amodt* BERT AMODT 3/1/97 561-334-2405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071188

CR2E037 (9/96)