

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



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

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		2b. City & State		2c. City & State		2d. Zip	
662 NE OCEAN BLVD		662 NE OCEAN BLVD		STUART FLORIDA		STUART, FLORIDA		34996 USA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Country		Country		Country	
				USA		USA		USA	

3. Date Incorporated or Qualified  
09/25/1979

4. FEI Number  
59-2069628

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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  
TIM KAZMIER

82 Street Address (P.O. Box Number is Not Acceptable)  
662 NE OCEAN BLVD

83

84 City  
STUART FL 85 Zip Code  
34996

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 *[Signature]* DATE 4/14/98

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 checked="" 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	3890 JOE'S POINT RD	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AAMODT, BURT	
STREET ADDRESS	5550 N OCEAN DRIVE	
CITY-ST-ZIP	SINGER ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANCIS, DAVID	
STREET ADDRESS	4200 NE JOE'S POINT RD	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D LING JOSEPH
2.3 STREET ADDRESS	4302 NE JOE'S POINT RD
2.4 CITY-ST-ZIP	STUART, FL 34996
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PD
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 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: *[Signature]* DATE 4/25/98 561 334 3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)