

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 749078
 1. Entity Name
JOE'S POINT HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**2115 SE OCEAN BLVD
 STAUART FL 34996
 US**

Mailing Address
**2115 SE OCEAN BLVD
 STAUART FL 34996
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-2069628** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**KAZMIER, T
 2115 SE OCEAN BLVD
 STUART FL 34996**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, NORMAN	
STREET ADDRESS	4311 NE JOE'S POINT ROAD	
CITY - ST - ZIP	STUART FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZEIDLER, RICHARD	
STREET ADDRESS	4420 NE JOE'S POINT ROAD	
CITY - ST - ZIP	STUART FL 34996	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAAS, THOMAS DR	
STREET ADDRESS	4401 NE JOES POINT RD	
CITY - ST - ZIP	STUART FL 34996	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BLOCHLINGER, BOB	
STREET ADDRESS	3960 NE JOE'S POINT ROAD	
CITY - ST - ZIP	STUART FL 34996	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BEARD, DON	
STREET ADDRESS	4030 NE JOES POINT RD.	
CITY - ST - ZIP	STUART FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000076016	
STREET ADDRESS	03/04/04-80010-006 61.25	
CITY - ST - ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bob Blochlinger* **3.1.04** **772-220-0005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #