

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90187 049 ****61.25

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



Principal Place of Business: **2115 SE OCEAN BLVD STUART FL 34996 US**
 Mailing Address: **2115 SE OCEAN BLVD STUART FL 34996 US**

50023852



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: **969 S. FEDERAL HWY #401**
 Suite, Apt. #, etc.: **#401**
 City & State: **STUART FL**

3. Mailing Address: **SAME**
 Suite, Apt. #, etc.:
 City & State:
 Zip: **34994** Country: **USA**

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: **LENARD GOLDBAUM**
 Street Address (P.O. Box Number is Not Acceptable): **969 S. FEDERAL HWY**
SUITE 401
 City: **STUART FL** Zip Code: **34994**

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: *[Signature]* DATE: **2/28/05**

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TD NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: ROBERT RYBA STREET ADDRESS: 3940 NE JOES POINT RD CITY-ST-ZIP: STUART FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: GERARD KAMM STREET ADDRESS: 4361 NE JOES POINT RD CITY-ST-ZIP: STUART FL. 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: **2/28/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #