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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 754616 (1)  
1. Corporation Name  
TRIPOLI POINTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
607 VIA TRIPOLI, #5 607 VIA TRIPOLI, #5  
PUNTA GORDA FL 33950 PUNTA GORDA FL 33950-6766

3. Date Incorporated or Qualified 10/13/1980 3a. Date of Last Report 05/08/1996  
4. FEI Number 38-2235655 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
ROWLAND, PHYLLIS  
607 VIA TRIPOLI STREET, APT. #2  
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent  
81 Name Ray Visser  
82 Street Address (P.O. Box Number Is Not Acceptable) 607 Via Tripoli  
83 # 5  
84 City Punta Gorda FL 85 Zip Code 33950

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 Ray G. Visser Ray G. Visser 1-18-97  
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 PD ☒ DELETE  
NAME ROWLAND, RICHARD S  
STREET ADDRESS 607 VIA TRIPOLI  
CITY-ST-ZIP PUNTA GORDA FL 33950  
TITLE VD ☒ DELETE  
NAME ROWLAND, ROBERT H  
STREET ADDRESS 150 RETTA ESPLANADA, #312  
CITY-ST-ZIP PUNTA GORDA FL 33950  
TITLE D ☒ DELETE  
NAME ROWLAND, PHYLLIS  
STREET ADDRESS 607 VIA TRIPOLI  
CITY-ST-ZIP PUNTA GORDA FL 33950  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME Ray Visser  
1.3 STREET ADDRESS 607 Via Tripoli #5  
1.4 CITY-ST-ZIP Punta Gorda FL 33950  
2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME D Suzanne Visser  
2.3 STREET ADDRESS 607 Via Tripoli #5  
2.4 CITY-ST-ZIP Punta Gorda FL 33950  
3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME Troy Visser  
3.3 STREET ADDRESS 607 Via Tripoli #5  
3.4 CITY-ST-ZIP Punta Gorda FL 33950  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ 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: Ray G. Visser 941-5051038  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0087812

CR2E037 (9/96)