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**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90207 046 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 757445**

1. Corporation Name

**PUNTA RASSA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
 17080 HARBOUR PT DR. #100  
 FT. MYERS FL 33908

Mailing Address  
 17080 HARBOUR PT DR. #100  
 FT. MYERS FL 33908



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	13571 McGregor Blvd	04/07/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	Suite 26	59-2274377	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28	Ft Myers FL	\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing, Trust Fund Contribution <input type="checkbox"/>	
24		29	33919	30	FL
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

ADAMS, JOSEPH E  
 13515 BELL TOWER DRIVE  
 SUITE 101  
 FT MYERS FL 33907

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>VD</del>	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTER, REID	1.2 NAME	
STREET ADDRESS	15011 PUNTA RASSA RD., #506	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33908	1.4 CITY-ST-ZIP	
TITLE	<del>DR</del>	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHEROWSKI, S L	2.2 NAME	
STREET ADDRESS	15021 PUNTA RASSA RD #702	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33908	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, GAIL	3.2 NAME	
STREET ADDRESS	15011 PUNTA RASSA RD #404	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33908	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JAMES	4.2 NAME	
STREET ADDRESS	15021 PUNTA RASSA RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33908	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, ALTON	5.2 NAME	
STREET ADDRESS	15021 PUNTA RASSA ROAD #903	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33908	5.4 CITY-ST-ZIP	
TITLE	DST <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HACK, GREG	6.2 NAME	ANTHONY GAETA
STREET ADDRESS	15031 PUNTA RASSA RD., #1202	6.3 STREET ADDRESS	15021 Punta Rassa Rd, #702
CITY-ST-ZIP	FT. MYERS FL 33908	6.4 CITY-ST-ZIP	Ft Myers FL 33908

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, with all other like empowered.

SIGNATURE: *[Signature]* (S. L. MACHEROWSKI), V.P. 2/3/99 (741) 489-1777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)