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NONPROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Mar 10 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758689

(4)

THE POINT PROPERTY OWNERS ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·				IBN BIBN BIBN B	1811 MIMIL B18	
Principal Place of Business 301 SCENIC POINT LN. DRANGE PARK FL 32073		301 SCENIC POINT LN.							
		ORANGE PARK FI	ORANGE PARK FL 92073-7110			3. Date incorporated or Qualified 06/09/1981	3a. Date of Last Report 04/26/1996		
2. Principa! Pl	lace of Business	2a. Mailing Add	ess			4. FEI Number			plied For
1		26				59-2282146			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	etc.		<del> </del>	5. Certificate of Status Desired		\$8.75	Additional
2		27				b. Certificate of Status Desired	<u> </u>	Fee Re	parind
City & State	0	City & State				6. Election Campaign Financing	_	\$5.00	
3	Country	28	. 1"	Carmtar		Trust Fund Contribution		Added 1	
Zip ⊒	Country	Zip	-	Country		8. This corporation has liability for	intangible ta: Tyes 🔲		. 199.032,
1	25 9. Name and Address of Cur	rent Registered Agent	30			Florida Statutes  10. Name and Address of New Re			
	<u> </u>			81	Name	10. 174110 414 7141140 01 71011 11	Sieroide M	, O. F.	
FASTERI	JING, LORIE A.			-	6				
	NIC POINT LANE			82	Street Add	dress (P.O. Box Number is Not Accepta	DIB)		
	PARK FL 32073			83	<del> </del>			***************************************	
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				84	City		FL	<b>85</b> Zip (	Code
1. Pursuant l	to the provisions of Sections 617.0	0502 and 617.1508, Flori	da Statutes, ti	he above	-named cor	rporation submits this statement for the	ourpose of cl	hanging it	s registere
office or re agent. La	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such char plications of, Section 617	ige was autho .0503. Florida	orized by Statutes	the corpora	ation's board of directors. I hereby acce	pt the appoir	ntment as	registered
SIGNATURE		g			.,				
	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Reg	pistered Age	ni signalure requ	ulred when reinstating)	DATE		
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