2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 758689 Aug 29, 2000 8:00 am Secretary of State 1. Entity Name THE POINT PROPERTY OWNERS ASSOCIATION, INC. 07-25-2000 90003 008 ****61.25 Principal Place of Business Mailing Address 301 SCENIC POINT LN. 301 SCENIC POINT LN. **ORANGE PARK FL 32073 ORANGE PARK FL 32073** 2. Principal Place of Ausiness Estate: Mant Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2282146 Urange Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Allen-Hall GUEST,:NANCY A . -321 SCENIC POINT LN **ORANGE PARK FL 32073** 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change 🔀 Addition TITLE TITLE . Deleta Roberts Blair 313 Scenie Point Orange Park, F). PRICE, JIM NAME NAME Point Un. STREET ADDRESS STREET ADDRESS 323 SCENIC POINT LN CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL Addition ☐ Change TITLE STD Delete TITLE Titshaw, Any 326 Sterye NAME GUEST, NANCY A NAME STREET ADDRESS STREET ADDRESS 321 SCENIC POINT LN CITY-ST-ZIP CITY-ST-ZIP Orange ark ORANGE PARK FL 💹 Addition TTILE **⊠** Delete TIDE Change LENIS: LYNDA" NAME NAME ! STREET ADDRESS 316 SCINIC POINT LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32073 ■ Addition ☐ Change TITLE Delete TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE · :: NAME NAME STREET ADDRESS 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:

SIGNATURE REQUIRED

824011

Deytime Phone #