2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # 758689 1. Entity Name THE POINT PROPERTY OWNERS ASSOCIATION, INC. 02-01-2001 90113 005 ****61.25 Principal Place of Business Mailing Address C/O ALLEN REAL ESTATE & MGMT C/O ALLEN REAL ESTATE & MGMT 1202 KINGSLEY AVE 1202 KINGSLEY AVE **ORANGE PARK FL 32073 ORANGE PARK FL 32073** 3. Mailing Address 2. Principal Place of Business 1177 Park Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE range 4. FEI Number Applied For City & State City & State 59-2282146 ろ2073 Not Applicable Country Zip \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ALLEN-HALL, JANE 1202 KINGSLEY AVE **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. 2003 SIGNATURE 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Delete TITLE TITLE PRICE, JIM NAME NAME 323 SCENIC POINT LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 32003 CITY-ST-ZIP **ORANGE PARK FL** STD Change ☐ Addition Delete TITLE TITLE **GUEST, NANCY A** NAME NAME Scenie Point have 321 SCENIC POINT LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-ORANGE PARK FL-CITY-ST-ZIP VD Change ☐ Addition Delete TITLE LENIS, LYNDA NAME NAME 316 SCINIC POINT LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** 32003 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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: