

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90196 035 ****61.25

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01102007 Chg-NP CR2E037 (12/06)

DOCUMENT # 758689					
1. Entity Name THE POINT PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O REMAX SPECIALISTS 1008 PARK AVE ORANGE PARK, FL 32073			Mailing Address C/O REMAX SPECIALISTS 1008 PARK AVE ORANGE PARK, FL 32073		
2. Principal Place of Business - No P.O. Box # <i>767 Blanding Blvd</i>		3. Mailing Address <i>767 Blanding Blvd</i>			
Suite, Apt. #, etc. <i>Suite 112</i>		Suite, Apt. #, etc. <i>Suite 112</i>			
City & State <i>ORANGE PARK, FL</i>		City & State <i>ORANGE PARK, FL</i>		4. FEI Number 59-2282146	
Zip <i>32065</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALLEN-HALL, JANE C/O REMAX ON PARK AVE 1008 PARK AVE ORANGE PARK, FL 32073			Name <i>CHRISTOPHER M. JACKSON</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>767 Blanding Blvd</i>		
			<i>Suite 112</i>		
			City <i>ORANGE PARK</i>		Zip Code <i>32065</i>
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Chris M. Jackson</i>		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE <i>1/10/07</i>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUTHERIE, ARLENE		NAME		
STREET ADDRESS	321 SCENIC POINT LANE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32003		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIFFIN, SHARON		NAME		
STREET ADDRESS	320 SCENIC POINT LANE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32003		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRADLEY, WANDA		NAME		
STREET ADDRESS	333 SCENIC POINT LN		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32003		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Chris M. Jackson Management</i>		Signature and typed or printed name of signing officer or director		Date <i>1/10/07</i>	
				Daytime Phone: # <i>304 276-0412</i>	