

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760788 (0)
1. Corporation Name
PORPOISE POINT & SIMILAR SOUND HOMEOWNER'S ASSN., INC.



Principal Place of Business: P.O. BOX 2088, KEY WEST FL 33045
Mailing Address: P.O. BOX 2088, KEY WEST FL 33045

3. Date Incorporated or Qualified: 11/17/1981
3a. Date of Last Report: 11/09/1995
4. FEI Number: 65-0146699
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

9. Name and Address of Current Registered Agent: HAPPY, BENSON, 7 DOMES PALMETTO DRIVE, KEY WEST FL 33040
10. Name and Address of New Registered Agent: 81 Name: Michael Wilson, 82 Street Address: 24 Tamarind Drive, 83, 84 City: Key West, FL, 85 Zip Code: 33040

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: *M. J. Wilson* DATE: 4/17/96

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | BENSON, HAPPY | |
| STREET ADDRESS | 7 DOMES PALMETTO DR. | |
| CITY-ST-ZIP | KEY WEST FL 33040 | |
| TITLE | VSTO | <input type="checkbox"/> DELETE |
| NAME | BOCHENICK, MARY LOU | |
| STREET ADDRESS | 16 DIAMOND DR. | |
| CITY-ST-ZIP | KEY WEST FL 33040 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | KELISON, ANN | |
| STREET ADDRESS | EMERALD DR | |
| CITY-ST-ZIP | KEY WEST FL 33040 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Michael Wilson | |
| 1.3 STREET ADDRESS | 24 Tamarind Dr | |
| 1.4 CITY-ST-ZIP | Key West, FL 33040 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Mary Lou Bochenick* DATE: 4/13/96 DAYTIME PHONE #: 305-296-7717

CR2E037 (12/95)