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Jun 02 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 760788 (0)

1. Corporation Name

PORPOISE POINT & SIMILAR SOUND HOMEOWNER'S ASSN.
, INC.



Principal Place of Business

Mailing Address

P.O. BOX 2088
KEY WEST FL 33045

P.O. BOX 2088
KEY WEST FL 33045-2088

3. Date Incorporated or Qualified
11/17/1981

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHAEL WILSON
24 TAMARIND DRIVE
KEY WEST FL 33040

81 Name JUANITA LEE FISHER
82 Street Address (P.O. Box Number is Not Acceptable)
74 TAMARIND DR
83 KEY WEST FL
84 City 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 *[Signature]*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME MICHAEL WILSON
STREET ADDRESS 24 TAMARIND DR
CITY-ST-ZIP KEY WEST FL

1.1 TITLE PD PRESIDENT ☒ Change ☐ Addition
1.2 NAME JUANITA LEE FISHER
1.3 STREET ADDRESS 74 TAMARIND DR KEY WEST FL
1.4 CITY-ST-ZIP 33040

TITLE VSTD ☐ DELETE
NAME BOCHENICK, MARY LOU
STREET ADDRESS 16 DIAMOND DR.
CITY-ST-ZIP KEY WEST FL 33040

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME KELSON, ANN
STREET ADDRESS EMERALD DR
CITY-ST-ZIP KEY WEST FL 33040

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024737

CR2E037 (9/96)