NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 760788

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

FILED Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90008 047 ****61.25



-2. Principal Place of Business 2a. Mailing Address 25						3. Date Incorporated or Qualifed 11/17/1981		
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.				4. FEI Number Applied For		
27						65-0146699 Not Applica		
City & St	ate	City & State				5. Certificate of Status Desired \$8.75 Additional Fee Required		
Zip	Country Zip		Cor	Country		6. Election Campaign Financing \$5.00 May Be		
4	25	29	30			Trust Fund Contribution Added to Fees		
	9. Name and Address of Curre	nt Registered Agent		\Box		10. Name and Address of New Registered Agent		
	-			81	Name			
FISHER, JUANTIA L					82 Street Address (P.O. Box Number is Not Acceptable)			
74 TAMARIND DR.				oz Street Address (1.0. box Hallist is Not Noospesso)				
KEY WEST FL 33040					83			
ACI HO	01 1 2 30040			ļ.,	0.	85 Zip Code		
				84	City	FL 183 ZIP COOP		
agent, I	I am familiar with, and accept the oblig E	ations of, Section 617.0503, F	-londa Stat	tutes	i.	on's board of directors. I hereby accept the appointment as registered		
	Signature, typed or printed name of registered age	on and the happened	TE: Registered	d Agen	nt signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.		ND DIRECTORS	13. 1.1 T	·····		Change Addition		
TITLE	PD	□ DELETE						
NAME	FISHER, JUANITA LEE			AME				
STREET ADDRES					TADORESS			
CITY-ST-ZIP_	KEY WEST FL	☐ DELETE		TY-S	T-ZIP	☐ Change ☐ Addition		
TITLE	VSTD	□ nere ie	2.1 T		1			
NAME	BOCHENICK, MARY LOU			IAME_				
STREET ADDRES					TADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040	DELETE		_	ST-ZIP	Change Additi		
TITLE								
NAME	KEUSON, ANN			IAME				
STREET ADDRES	1				TADDRESS			
CITY-ST-ZIP	KEY WEST FL 33040	☐ DELETE		OITY-S	ST-ZIP	Change Additi		
TITLE								
NAME			1	NAME	ì			
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TITLE				IAME				
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CITY-ST-ZIP		DELETE	6.1 T		n-ar	☐ Change ☐ Additi		
TITLE				LAME				
NAME			1		TADORESS			
STREET ADORES	SS			WEE .				

14. 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 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, with all other like empowered.

SIGNATURE: