FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762283 (0)

1. Corporation Name

PIER POINT SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
390 A1A BEACH BLVD ST. AUGUSTINE BCH. FL 32084	390 A1A BEACH BLVD ST. AUGUSTINE BCH. FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1982
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-2190633 — Applied For / Not Applicable

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WALKER, BOB
390 A1A BEACH BLVD, #A6
ST. AUGUSTINE BCH. FL 32084

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable) ALLEY, WILLIAM
83 390 A1A BEACH BLVD. D-49
84 City ST.AUGUSTINE FL. 32084- FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Bill Alley — DATE: 1/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	WALKER, BOBBY	PO BOX 124 N/A	INTERLACHEN FL 32148
AV	WEISZ, CHAR	390 A1A BEACH BLVD	ST. AUGUSTINE BCH FL 32084
VD	ANDERSON, EVELYN	PO BOX 86 N/A	POMONA PARK FL 32181
TD	RAWL, HARRIET	390 A1A BEACH BLVD, D-53	ST AUGUSTINE BEACH FL 32084
SD	MCGRATH, WILLIAM	390 A1A BEACH BLVD D-42	ST AUGUSTINE BEACH FL 32084
D	ALLEY, WILLIAM	390 A1A BEACH BLVD	ST. AUGUSTINE BCH FL 32084

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

#	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1	D	ROWSEY, NORA	390 A1A BEACH BLVD. E59	ST.AUGUSTINE FL 32084-	☐	☒
2					☐	☐
3	VD	WM.H.SHARP	10162 DEERWOOD CLUB ROAD	JACKSONVILLE FL 32256-	☐	☒
4					☐	☐
5					☐	☐
6	PD	ALLEY, WILLIAM	390 A1A BEACH BLVD. D-49	ST.AUGUSTINE FL. 32084-	☒	☐

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 if changed, or on an attachment with an address.

SIGNATURE: Bill Alley — 1/28/95 — 904-471-3622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002718