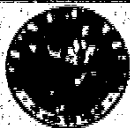


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
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 ☐
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **28** Country
24 Zip **25** Country **29** Zip **30** Country

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** **85** Zip Code **FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

1/28/95

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	ROWSEY, NORA	☐ Change ☒ Addition
1.2 NAME		390 A1A BEACH BLVD. E59	
1.3 STREET ADDRESS		ST.AUGUSTINE FL 32084-	
1.4 CITY- ST- ZIP			
2.1 TITLE			☐ Change ☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY- ST- ZIP			
3.1 TITLE	VD		☐ Change ☒ Addition
3.2 NAME		WM.H.SHARP	
3.3 STREET ADDRESS		10162 DEERWOOD CLUB ROAD	
3.4 CITY- ST- ZIP		JACKSONVILLE FL 32256-	
4.1 TITLE			☐ Change ☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE			☐ Change ☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE	PD		☒ Change ☐ Addition
6.2 NAME		ALLEY, WILLIAM	
6.3 STREET ADDRESS		390 A1A BEACH BLVD. D-49	
6.4 CITY- ST- ZIP		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)(h), 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**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

1/28/95

904-471-3622