

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 # **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**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

03/03/1982

3a. Date of Last Report

04/26/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ALLEY, WILLIAM
390 A1A BEACH BOULEVARD D-49
ST. AUGUSTINE BCH. FL 32084**

10. Name and Address of New Registered Agent

81 Name

CHAR WEISZ

82 Street Address (P.O. Box Number is Not Acceptable)

390 A1A BEACH BLVD.

83

84 City

ST. AUG. BCH.

FL

85 Zip Code

32086

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

Char Weisz

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/96

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WALKER, BOBBY	
STREET ADDRESS	PO BOX 124 N/A	
CITY - ST - ZIP	INTERLACHEN FL 32148	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	WEISZ, CHAR	
STREET ADDRESS	390 A1A BEACH BLVD	
CITY - ST - ZIP	ST. AUGUSTINE BCH FL 32084	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, EVELYN	
STREET ADDRESS	PO BOX 86 N/A	
CITY - ST - ZIP	POMONA PARK FL 32181	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RAWL, HARRIET	
STREET ADDRESS	390 A1A BEACH BLVD, D-53	
CITY - ST - ZIP	ST AUGUSTINE BEACH FL 32084	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCGRATH, WILLIAM	
STREET ADDRESS	390 A1A BEACH BLVD D-42	
CITY - ST - ZIP	ST AUGUSTINE BEACH FL 32084	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEY, WILLIAM	
STREET ADDRESS	390 A1A BEACH BLVD D-49	
CITY - ST - ZIP	ST. AUGUSTINE BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	TD	<input checked="" 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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" 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 if changed, or on an attachment with an address.

SIGNATURE:

Char Weisz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHAR WEISZ

DATE

1/22/96 904-471-3622

Daytime Phone #

CR2E037 (12/95)

ST. AUG FL
32084