

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32084-6540**

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

24 **25**

29 **30**

3. Date Incorporated or Qualified
03/03/1982

3a. Date of Last Report
03/04/1996

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

10. Name and Address of New Registered Agent

**WEISZ, CHARLOTTE
390 A1A BEACH BLVD
ST. AUGUSTINE FL 32088**

81 Name

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

83

84 City

FL

85 Zip Code

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

Charlotte Weisz

CHARLOTTE WEISZ

1/15/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" 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	PD	<input type="checkbox"/> DELETE
NAME	SHARP, WILLIAM H	
STREET ADDRESS	10162 DEERWOOD CLUB ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RAWL, HARRIET	
STREET ADDRESS	390 A1A BEACH BLVD, D-53	
CITY-ST-ZIP	ST AUGUSTINE BEACH FL 32084	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROWSEY, NORA	
STREET ADDRESS	390 A1A BEACH BLVD, #E59	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASH, ERIS	
STREET ADDRESS	390 A1A BEACH BLVD, #B21	
CITY-ST-ZIP	ST. AUGUSTINE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALLEY, WILLIAM	
1.3 STREET ADDRESS	390 A1A BEACH BLVD. #D49	
1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32084	
2.1 TITLE		<input 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ANDERSON, EVELYN	
4.3 STREET ADDRESS	390 A1A BEACH BLVD. #D47	
4.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32084	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROWSEY, NORA	
5.3 STREET ADDRESS	390 A1A BEACH BLVD. #E59	
5.4 CITY-ST-ZIP	ST. AUGUSTINE, FL. 32084	
6.1 TITLE		<input type="checkbox"/> Change <input 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 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:

Charlotte Weisz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97

Date

984-471-3622

Daytime Phone # 0001303

CR2E037 (9/96)