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Mar 24 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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**



3. Date Incorporated or Qualified

03/03/1982

4. FEI Number

59-2190633

Applied For

☒ Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 32086**

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

3/15/98

Signature, typed or printed name of registered agent and fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP PD** ☐ DELETE

NAME

ALLEY, WILLIAM

STREET ADDRESS

390 A1A BCH BLVD., #D49

CITY - ST - ZIP

ST. AUGUSTINE FL

TITLE **AV** ☐ DELETE

NAME

WEISZ, CHAR

STREET ADDRESS

390 A1A BEACH BLVD

CITY - ST - ZIP

ST. AUGUSTINE BCH FL 32084

TITLE **PD** ☒ DELETE

NAME

SHARP, WILLIAM H

STREET ADDRESS

10182 DEERWOOD CLUB ROAD

CITY - ST - ZIP

JACKSONVILLE FL

TITLE **D VP** ☐ DELETE

NAME

ANDERSON, EVELYN

STREET ADDRESS

390 A1A BCH BLVD., #D47

CITY - ST - ZIP

ST AUGUSTINE BEACH FL

TITLE **SD** ☐ DELETE

NAME

ROWSEY, NORA

STREET ADDRESS

390 A1A BEACH BLVD, #E59

CITY - ST - ZIP

ST. AUGUSTINE FL

TITLE **D** ☒ DELETE

NAME

ASH, ERIS

STREET ADDRESS

390 A1A BEACH BLVD, #B21

CITY - ST - ZIP

ST. AUGUSTINE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☒ Addition

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.

SIGNATURE:

Charlotte Weisz

CHARLOTTE WEISZ

3/15/98

904 4713622

CR2E037 (10/97)