


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762283

1. Corporation Name

PIER POINT SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

390 A1A BEACH BLVD
ST. AUGUSTINE BCH FL 32084

Mailing Address

390 A1A BEACH BLVD
ST. AUGUSTINE BCH FL 32084



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/03/1982
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2190633
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

CHARLOTTE WEISZ ASSIST. V. PRES.

1/13/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEY, WILLIAM	1.2 NAME	
STREET ADDRESS	390 A1A BCH BLVD, #D49	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	AV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISZ, CHAR	2.2 NAME	
STREET ADDRESS	390 A1A BEACH BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE BCH FL 32084	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, PRESLEY	3.2 NAME	
STREET ADDRESS	390 A1A BEACH BLVD, #50	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE BCH FL 32084	3.4 CITY-ST-ZIP	
TITLE	D VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, EVELYN	4.2 NAME	
STREET ADDRESS	390 A1A BCH BLVD., #D47	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE BEACH FL	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWSEY, NORA	5.2 NAME	
STREET ADDRESS	390 A1A BEACH BLVD, #E59	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOOVER, OWEN	6.2 NAME	
STREET ADDRESS	390 A1A BCH BLVD, #64	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE *Charlotte Weisz* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

Date

904-471-3622

Daytime Phone #

CR2E037 (11/98)