

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762283

FILED
Jul 26, 2005
Secretary of State

Entity Name: PIER POINT SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

390 A1A BEACH BLVD
ST AUGUSTINE BCH., FL 32080

New Principal Place of Business:

Current Mailing Address:

390 A1A BEACH BLVD
ST AUGUSTINE BCH., FL 32080

New Mailing Address:

FEI Number: 59-2190633 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THE KITA CORP.
390 A1A BEACH BLVD
SAINT AUGUSTINE, FL 32080 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHNSON, JAMES G
Address: 390 A1A BEACH BLVD #36
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VP () Delete
Name: SHARP, WILLIAM H JR
Address: 390 A1A BEACH BLVD #34
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: SD () Delete
Name: ROSSANO, ELEANOR
Address: 390 A1A BEACH BLVD #57
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: TD () Delete
Name: ADAMS, CHARLES
Address: 390 A1A BEACH BLVD
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D () Delete
Name: ROWSEY, NORA
Address: 390 A1A BEACH BLVD, #E59
City-St-Zip: ST. AUGUSTINE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SALEN, RICHARD
Address: 390 A1A BEACH BLVD #56
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM JOHNSON

P

07/26/2005

Electronic Signature of Signing Officer or Director

Date