
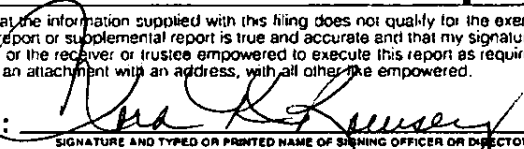


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

2/1

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90042 045 \*\*\*\*61.25

<b>DOCUMENT # 762283</b> 1. Entity Name <b>PIER POINT SOUTH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>390 A1A BEACH BLVD ST AUGUSTINE BCH. FL 32080</b>		Mailing Address <b>390 A1A BEACH BLVD ST AUGUSTINE BCH. FL 32080</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2190633</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THE KITA CORP. 390 A1A BEACH BLVD SAINT AUGUSTINE FL 32080</b>				7. Name and Address of New Registered Agent Name <b>NORTH FLORIDA PROPERTIES</b> Street Address (P.O. Box Number is Not Acceptable) <b>4415 U.S. 1 SOUTH, SUITE 204</b> City <b>ST. AUGUSTINE</b> FL Zip Code <b>32086</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when remaining) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>JOHNSON, JAMES G</b> <b>390 A1A BEACH BLVD #36</b> <b>ST AUGUSTINE FL 32080</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY</b> <b>JAMES G. JOHNSON</b> <b>390 A1A BEACH BLVD #36</b> <b>ST. AUGUSTINE FL 32080</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>SALEN, RICHARD</b> <b>390 A1A BEACH BLVD #56</b> <b>SAINT AUGUSTINE FL 32080</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <b>JAY UNBERWOOD</b> <b>390 A1A BEACH BLVD #1</b> <b>ST. AUGUSTINE, FL 32080</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>ROSSANO, ELEANOR</b> <b>390 A1A BEACH BLVD #57</b> <b>SAINT AUGUSTINE FL 32080</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ELEANOR ROSSANO</b> <b>390 A1A BEACH BLVD #57</b> <b>ST. AUGUSTINE FL 32080</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>ADAMS, CHARLES</b> <b>390 A1A BEACH BLVD</b> <b>SAINT AUGUSTINE FL 32080</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREASURER</b> <b>CHARLES ADAMS</b> <b>390 A1A BEACH BLVD #055</b> <b>ST AUGUSTINE, FL 32080</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ROWSEY, NORA</b> <b>390 A1A BEACH BLVD, #E59</b> <b>ST. AUGUSTINE FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VICE PRESIDENT</b> <b>NORA ROWSEY</b> <b>390 A1A BEACH BLVD #E59</b> <b>ST. AUGUSTINE FL 32080</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.					
<b>SIGNATURE:</b> 			Date <b>030406</b> Daytime Phone # <b>904 382 5599</b>		



ATTACHMENT

66604206

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2006

PIER POINT SOUTH CONDOMINIUM ASSOCIATION, INC.  
390 A1A BEACH BLVD  
ST AUGUSTINE BCH., FL 32080

Subject: **PIER POINT SOUTH CONDOMINIUM ASSOCIATION, INC.**

Reference Number:

762283

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION