

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

0000459

DOCUMENT # 762283

1. Entity Name

PIER POINT SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**390 A1A BEACH BLVD
ST AUGUSTINE BCH. FL 32080**

Mailing Address

**390 A1A BEACH BLVD
ST AUGUSTINE BCH. FL 32080**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2190633**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WEISZ, CHARLOTTE
390 A1A BEACH BLVD
ST. AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent

Name **Philip H. Jacobs**
Street Address (P.O. Box Number is Not Acceptable)
To Jacobs Jacob & Assoc.
461 A1A Beach Blvd
City **St Augustine** FL Zip Code **32080**

8. The above named entity submits this statement of 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

Philip H. Jacobs

Philip H. Jacobs, PCAM

DATE **8/13/03**

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KAY, SANDRA ADAMS	
STREET ADDRESS	390 A1A BEACH BLVD. # 50	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	AV	<input checked="" type="checkbox"/> Delete
NAME	WEISZ, CHAR	
STREET ADDRESS	390 A1A BEACH BLVD	
CITY-ST-ZIP	ST. AUGUSTINE BCH FL 32084	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HORN, BYRON	
STREET ADDRESS	390 A1A BCH BLVD B24	
CITY-ST-ZIP	ST AUGUSTINE BCH FL 32084	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ASH, ERIS	
STREET ADDRESS	390 A1A BCH. BLV. #21	
CITY-ST-ZIP	ST.AUGUSTINE FL 32080	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROWSEY, NORA	
STREET ADDRESS	390 A1A BEACH BLVD, #E59	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GENTRY, JERRY	
STREET ADDRESS	390 A1A BCH. BLVD. #51	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, James B.	
STREET ADDRESS	390 A1A Beach Blvd # 36	
CITY-ST-ZIP	St Augustine FL 32080	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARP, JR. William H.	
STREET ADDRESS	390 A1A Beach Blvd B24	
CITY-ST-ZIP	St Augustine, FL 32080	
TITLE	SO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSSANO, Eleanor	
STREET ADDRESS	390 A1A Beach Blvd #57	
CITY-ST-ZIP	St Augustine, FL 32080	
TITLE	TO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWART, Michael	
STREET ADDRESS	390 A1A Beach Blvd #41	
CITY-ST-ZIP	St Augustine, FL 32080	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 like empowered.

SIGNATURE:

James B. Johnson
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)