

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -1 PM 1:56

DOCUMENT # **N13170** (8)

1. Corporation Name

**LONGPOINT I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6700 OAK SHORE DRIVE  
APT. 103  
PANAMA CITY FL 32404

6700 OAK SHORE DRIVE  
APT. 103  
PANAMA CITY FL 32404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/22/1986** 3a. Date of Last Report **06/09/1994**

4. FEI Number **59-2861942** Applied For  Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SONNA MEZZAPELLE BOBBITT**  
6700 OAK SHORE DRIVE  
APT. 103  
PANAMA CITY FL 32404

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALAN TREMAINE</b>	1.2 NAME	
STREET ADDRESS	<b>1214 PLANTATION</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL 32404</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARD WOOD</b>	2.2 NAME	
STREET ADDRESS	<b>3565 SPRING VALLE RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BIRMINGHAM AL 35223</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAROLYN HAVRANEK</b>	3.2 NAME	
STREET ADDRESS	<b>3221 W. HWY 390</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	3.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONNA MEZZAPELLE BOBBITT</b>	4.2 NAME	
STREET ADDRESS	<b>6700 OAK SHORE DR. APT. 103</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL 32404</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARLES SOUTLER, JR.</b>	5.2 NAME	
STREET ADDRESS	<b>6894 LAKE ELORA DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANYON MN 55717</b>	5.4 CITY-ST-ZIP	
TITLE	<b>ST</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TREMAINE, ALAN</b>	6.2 NAME	
STREET ADDRESS	<b>7127 E 10TH</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that this 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 D17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donna Mezzapelle Bobbitt - Donna Mezzapelle Bobbitt* 1-28-95 871-5921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

City/State