

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N13170 (8)**
1. Corporation Name
LONGPOINT I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **6700 OAK SHORE DRIVE APT. 103 PANAMA CITY FL 32404**
Mailing Address: **6700 OAK SHORE DRIVE APT. 103 PANAMA CITY FL 32404**

3. Date Incorporated or Qualified: **01/22/1986**
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-2861942**
5. Certificate of Status Desired: Fee Required
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SONNA MEZZAPELLE BOBBITT
6700 OAK SHORE DRIVE
APT. 103
PANAMA CITY FL 32404**

10. Name and Address of New Registered Agent
81 Name: **Donna Mezzapelle**
82 Street Address (P.O. Box Number is Not Acceptable): **6700 OAKSHORE DR. Apt. 105**
83
84 City: **Panama City** FL 85 Zip Code: **32404**

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: **Donna Mezzapelle** (Signature) **Donna Mezzapelle** (Typed Name) **Jan 15, 1996** (Date)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: ALAN TREMAINE	1.1 TITLE: P <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: ALAN TREMAINE
STREET ADDRESS: 1214 PLANTATION	CITY-ST-ZIP: PANAMA CITY FL 32404	1.2 NAME: ALAN TREMAINE	1.3 STREET ADDRESS: 1214 PLANTATION
TITLE: P <input checked="" type="checkbox"/> DELETE	NAME: RICHARD WOOD	1.4 CITY-ST-ZIP: PANAMA CITY, FL. 32404	2.1 TITLE: VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 3565 SPRING VALLE RD.	CITY-ST-ZIP: BIRMINGHAM AL 35223	2.2 NAME: Melanie Moore	2.2 NAME: Melanie Moore
TITLE: V <input checked="" type="checkbox"/> DELETE	NAME: CAROLYN HAVRANEK	2.3 STREET ADDRESS: 1523 E. Park Rd.	2.3 STREET ADDRESS: 1523 E. Park Rd.
STREET ADDRESS: 3221 W. HWY 390	CITY-ST-ZIP: PANAMA CITY FL 32405	2.4 CITY-ST-ZIP: PANAMA City, FL 32404	2.4 CITY-ST-ZIP: PANAMA City, FL 32404
TITLE: ST <input type="checkbox"/> DELETE	NAME: DONNA MEZZAPELLE BOBBITT	3.1 TITLE: S/T <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE: S/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 6700 OAK SHORE DR. APT. 103	CITY-ST-ZIP: PANAMA CITY FL 32404	3.2 NAME: Donna Mezzapelle	3.2 NAME: Donna Mezzapelle
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: CHARLES SOUTLER, JR.	3.3 STREET ADDRESS: 6700 OAKSHORE DR. - apt 105	3.3 STREET ADDRESS: 6700 OAKSHORE DR. - apt 105
STREET ADDRESS: 6894 LAKE ELORA DRIVE	CITY-ST-ZIP: CANYON MN 55717	3.4 CITY-ST-ZIP: PANAMA City, FL. 32404	3.4 CITY-ST-ZIP: PANAMA City, FL. 32404
TITLE: ST <input checked="" type="checkbox"/> DELETE	NAME: TREMAINE, ALAN	4.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 7127 E 10TH	CITY-ST-ZIP: PANAMA CITY FL	4.2 NAME: BOB BOBBITT	4.2 NAME: BOB BOBBITT
		4.3 STREET ADDRESS: 6700 OAKSHORE DR. Apt. 103	4.3 STREET ADDRESS: 6700 OAKSHORE DR. Apt. 103
		4.4 CITY-ST-ZIP: PANAMA City, FL 32404	4.4 CITY-ST-ZIP: PANAMA City, FL 32404
		5.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.2 NAME: ONWARD ROBINSON	5.2 NAME: ONWARD ROBINSON
		5.3 STREET ADDRESS: 390 S. Tyndall Pkwy	5.3 STREET ADDRESS: 390 S. Tyndall Pkwy
		5.4 CITY-ST-ZIP: PANAMA City, FL. 32404	5.4 CITY-ST-ZIP: PANAMA City, FL. 32404
		6.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME: Phyllis Brockett	6.2 NAME: Phyllis Brockett
		6.3 STREET ADDRESS: 6700 OAKSHORE DR. Apt 101	6.3 STREET ADDRESS: 6700 OAKSHORE DR. Apt 101
		6.4 CITY-ST-ZIP: PANAMA City, FL. 32404	6.4 CITY-ST-ZIP: PANAMA City, FL. 32404

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 119.07(3)(k), 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.

SIGNATURE: **Donna Mezzapelle** (Signature) **Donna Mezzapelle** (Typed Name) **Jan 15, 1996** (Date) **904-871-4132** (Daytime Phone #)

CR2E037 (12/95)