

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

6700 OAK SHORE DRIVE
APT. 103
PANAMA CITY FL 32404

6700 OAK SHORE DRIVE
APT. 103
PANAMA CITY FL 32404-7468

3. Date Incorporated or Qualified
01/22/1986

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 6700 Oak Shore Drive - Office

27 6700 Oak Shore Drive - Office

City & State

City & State

23 Panama City FL

28 Panama City FL

Zip

Country

Zip

Country

24 32404

25 USA

29 32404

30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MESSAPELLE, DONNA
6700 OAK SHORE DRIVE
APT. 105
PANAMA CITY FL 32404

81 Name

Rosemarie Mitchell

82 Street Address (P.O. Box Number is Not Acceptable)

6700 Oak Shore Drive - Unit 104

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 Rosemarie Mitchell

Jul 17, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME ALAN TREMAINE
STREET ADDRESS 1214 PLANTATION
CITY-ST-ZIP PANAMA CITY FL 32404

1.1 TITLE D Change Addition
1.2 NAME Tom Gorman
1.3 STREET ADDRESS 6700 Oak Shore Drive Unit 305
1.4 CITY-ST-ZIP Panama City, FL 32404

TITLE VP DELETE
NAME MOORE, MELANIE
STREET ADDRESS 1523 E. PARK ROAD
CITY-ST-ZIP PANAMA CITY FL 32404

2.1 TITLE P Change Addition
2.2 NAME Moore, Melanie
2.3 STREET ADDRESS 5802 Bay Front Dr.
2.4 CITY-ST-ZIP Panama City, FL 32404

TITLE ST DELETE
NAME MEZZAPELLE, DONNA
STREET ADDRESS 6700 OAKSHORE DR., APT. 105
CITY-ST-ZIP PANAMA CITY FL 32404

3.1 TITLE ST Change Addition
3.2 NAME Mitchell, Rosemarie
3.3 STREET ADDRESS 6700 Oak Shore Dr. Unit 104
3.4 CITY-ST-ZIP Panama City, FL 32404

TITLE D DELETE
NAME BOBBITT, BOB
STREET ADDRESS 6700 OAK SHORE DR. APT. 103
CITY-ST-ZIP PANAMA CITY FL 32404

4.1 TITLE D Change Addition
4.2 NAME Sisson, Marilyn
4.3 STREET ADDRESS 6700 Oak Shore Dr, Unit 102
4.4 CITY-ST-ZIP Panama City, FL 32404

TITLE D DELETE
NAME ROBINSON, ONWARD
STREET ADDRESS 290 S. TYNDALL PKWY.
CITY-ST-ZIP PANAMA CITY FL 32404

5.1 TITLE D Change Addition
5.2 NAME Mason, Faye
5.3 STREET ADDRESS 6700 Oak Shore Dr, Unit 304
5.4 CITY-ST-ZIP Panama City, FL 32404

TITLE D V.P. DELETE
NAME BROCKETT, PHYLISS
STREET ADDRESS 6700 OAKSHORE DR., APT. 101
CITY-ST-ZIP PANAMA CITY FL 32404

6.1 TITLE D Change Addition
6.2 NAME Farmer, Dennie
6.3 STREET ADDRESS 6700 Oak Shore Dr Unit 106
6.4 CITY-ST-ZIP Panama City, FL 32404

14. I do 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 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: Rosemarie Mitchell

01-11-97 (912)928-2629 (904)874-9506

CR2E037 (9/96)