


AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

98 OCT 26 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0011635

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13170 (8)

1. Corporation Name
LONGPOINT I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 6700 OAK SHORE DR - OFFICE PANAMA CITY FL 32404 US	Mailing Address 6700 OAK SHORE DRIVE 6700 OAK SHORE DR - OFFICE PANAMA CITY FL 32404 US
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3. Date Incorporated or Qualified 01/22/1986	
4. FEI Number 59-2861942	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address P.O. Box 10136
22. City & State	27. City & State Parker, FL
23. Zip	28. Zip 32404-1136
Country	30. Country USA

9. Name and Address of Current Registered Agent MITCHELL, ROSEMARIE 6700 OAK SHORE DR - UNIT 104 PANAMA CITY FL 32404	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. City FL
85. Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORMAN, TOM 6700 OAK SHORE DR UNIT 305 PANAMA CITY FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	T DAVIS, MICHAEL J. 3534 TOKEN ROAD PANAMA CITY, FL 32405-3322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, MELANIE 5802 MAY FRONT DR PANAMA CITY FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP BOBBITT, ALVIN 6700 Oakshore Dr. #103 Panama City, FL 32404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST D MITCHELL, ROSEMARIE 6700 OAK SHORE DR UNIT 104 PANAMA CITY FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Morgan, Ernest S P.O. Box 10056 6700 Oakshore Dr. #309 Panama City, FL 32404-1056 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SISSON, MARILYN 6700 OAK SHORE DR UNIT 102 PANAMA CITY FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D JACK SCHOLDER 4900 4th ST PANAMA CITY, FL 32404 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASON, FAYE 6700 OAK SHORE DR UNIT 304 PANAMA CITY FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	600002674686--1 -10/28/98-01075-013 *****61-25 *****61-25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BROCKETT, PHYLISS 6700 OAKSHORE DR., APT. 101 PANAMA CITY FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	10/26 <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: MICHAEL J. DAVIS Treasurer 10-1-98 (850) 229-7353
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)