

FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13170

1. Corporation Name
LONGPOINT I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 6700 OAK SHORE DR - OFFICE PANAMA CITY FL 32404 US	Mailing Address P.O. BOX 10136 PARKER FL 32404-1136 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/22/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2861942
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MITCHELL, ROSEMARIE 6700 OAK SHORE DR - UNIT 104 PANAMA CITY FL 32404		81 Name TIMOTHY J. SLOAN	85 Zip Code 32401
		82 Street Address (P.O. Box Number is Not Acceptable) 427 MCKENZIE AVE.	
		83	
		84 City PANAMA CITY	85 Zip Code 32401

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: *[Signature]* DATE: 2/1/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MICHAEL J	1.2 NAME	
STREET ADDRESS	3534 TOKEN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32405-3322	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MELANIE	2.2 NAME	MOORE, MELANIE
STREET ADDRESS	5802 MAY FRONT DR	2.3 STREET ADDRESS	5802 MAYFRONT DR.
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	PANAMA CITY, FL
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, ROSEMARIE	3.2 NAME	MITCHELL, ROSEMARIE
STREET ADDRESS	6700 OAK SHORE DR UNIT 104	3.3 STREET ADDRESS	6700 OAKSHORE DR, UNIT 104
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOBBITT, ALVIN	4.2 NAME	GODWIN, RALEIGH
STREET ADDRESS	6700 OAKSHORE DR #103	4.3 STREET ADDRESS	6700 OAKSHORE DR, UNIT 304
CITY-ST-ZIP	PANAMA CITY FL 32404	4.4 CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, ERNEST S	5.2 NAME	Lanora Combs
STREET ADDRESS	6700 OAK SHORE DR # 309	5.3 STREET ADDRESS	958 Huntingdon Rd
CITY-ST-ZIP	PANAMA CITY FL 32404-1056	5.4 CITY-ST-ZIP	Panama City FL 32405
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOLDER, JACK	6.2 NAME	Tom Gorman
STREET ADDRESS	4900 4TH ST	6.3 STREET ADDRESS	6700 Oak Shore Dr Unit 305
CITY-ST-ZIP	PANAMA CITY FL 32404	6.4 CITY-ST-ZIP	Panama City FL 32404

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 2-1-99 DAYTIME PHONE #: (850) 229-7353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)