


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90027 016 ****61.25

DOCUMENT # N13170					
1. Entity Name LONGPOINT I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6700 OAK SHORE DR. UNIT 311 PANAMA CITY FL 32404 US		Mailing Address 6700 OAK SHORE DR. UNIT 311 PANAMA CITY FL 32404 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2861942	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent SLOAN, TIMOTHY J 427 MCKENZIE AVE PANAMA CITY FL 32401			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAZZEL, DONALD		NAME	Hershell A. & Jane E. Godwin	
STREET ADDRESS	6700 OAKSHORE DR #102		STREET ADDRESS	6700 Oak Shore Drive # 202	
CITY-ST-ZIP	PANAMA CITY FL 32404		CITY-ST-ZIP	Panama City, FL 32404	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FILSINGER, JEANINE		NAME	Frank Linda Salanis	
STREET ADDRESS	6700 OAKSHORE DR #101		STREET ADDRESS	5790 Tyler Loop Road	
CITY-ST-ZIP	PANAMA CITY FL 32404		CITY-ST-ZIP	Pinson, AL 35126	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GODWIN, RALEIGH		NAME		
STREET ADDRESS	6700 OAK SHORE DRIVE #304		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32404		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAZZEL, ROBBIE		NAME		
STREET ADDRESS	6700 OAK SHORE DRIVE #102		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32404		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, ONWARD		NAME		
STREET ADDRESS	6700 OAKSHORE DR UNIT #310 310		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32404		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEORGE, LESTER		NAME		
STREET ADDRESS	6700 OAKSHORE DR #307		STREET ADDRESS		
CITY-ST-ZIP	PARKER FL 32404		CITY-ST-ZIP		

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MOORE CR2E037 (11/03)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raleigh Godwin* **Raleigh Godwin** 1/21/04 (850) 874-2511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #