NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N22755

Corporation Name

EAST HIGH POINT/ISLAND ROAD ASSOCIATION, INC.

Principal Place of Business 23 ISLAND RD.

STUART FL 34996

Mailing Address

23 ISLAND RD. STUART FL 34996

## FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90021 001 \*\*\*\*61.25



	•		•	I		-								
2. Principal P	lace of Business	2a. Mailing Address					3.	Date Inco	rporated or Qu	alifed				
21		26						09/30/1	1987					
Suite, Apt. #, etc.			Suite, Apt. #, etc.					4.	FEI Numb			Ar	plied For	
22			27						65-0033	<u> 3759                                     </u>		No	ot Applicable	
City & State			City & State					5.	Certifcate	of Status Desi	ired 🗀	•	Additional	
23		28							, Oldido Desi		Fee Re	equired		
Zip	C	Zip Country					6.	Election C	Campaign Finat	ncing	\$5.00	May Be		
24	25	29 30 30 Registered Agent				·	Trust Fund Contribution Added to Fees							
	9. Name and A		10. Name and Address of New Registered Agent											
· · · · · · · · · · · · · · · · · · ·							81 Name							
	GEORGIANN		82 Street Addr					ddress (P.O. Box Number is Not Acceptable)						
23 ISLAN		` .												
STUART I	L 34996		i,			83								
		•				84	City					85 Zip	Code	
44 5 7 7 7	<u>. ' ' ' ' '                           </u>			· r							F	<u> </u>		
11. Pursuant	to the provisions of	Sections 617.0502 both, in the State of	and 617.15	08, Florida Sta	atutes, the	above	-named	corporation	n submits th	his statement for	or the purpose o	of changing its	registered	
agent. I a	m familiar with, and	accept the obligation	ons of, Sect	tion 617.0503,	Florida St	atutes.	nie corpe	JI BUON 5 00	·	Clors. Thereby	accept the appr	Antinoni as re	gistered	
SIGNATURE	2.00													
	Signature, typed or printer	d name of registered agent a					signature n	equired when n			DATE			
12.		OFFICERS AND	DIRECTO		13				ADDITIONS	S/CHANGES.T	O OFFICERS A			
TITLE	SD			☐ DELETE		TITLE			•			Change	Addition	
NAME	MARTIN, GEOR				1.2	NAME								
STREET ADDRESS	23 ISLAND RD.				1.3	STREET.	ADDRESS			•				
CITY-ST-ZIP	STUART FL					CITY-ST	-ZIP							
TITLE	VD	•		☐ DELETE		TITLE	.	•				☐ Change	☐ Addition	
NAME	BRAND, BILL				2.2	NAME				1 .				
STREET ADDRESS	4 E. HIGH POIN	NT RD.		!	2.3	STREET	ADDRESS							
CITY-ST-ZIP	STUART FL	•				CITY-ST	-ZIP	·						
TITLE	D	_		☐ DELETE	3.1	IIILE	ŀ		•			☐ Change	☐ Addition	
NAME	MIELE, RICHAR				3.2	NAME								
STREET ADDRESS	6 E. HIGH POIN	NT RD.			3.3	STREET	ADDRESS	,					,	
CITY-ST-ZIP	STUART FL	•		·	3.4.	CITY-ST	-ZIP							
TITLE ' ·	D			, DELETE	4,1	TITLE						☐ Change	☐ Addition	
NAME	D'AMIANO, TOI	VΫ́			4. 2	NAME	!			1				
STREET ADDRESS	5 ISLAND RD.	*			4.3	STREET	ADDRESS			•				
CITY-ST-ZIP	STUART FL				4.4	CITY-ST-	ZIP		· · ·				À	
TITLE .	P .			☐ DELETE		TITLE	Ţ					Change	☐ Addition	
NAME	GILLER, EDWAF				5.2	NAME	.				•		ļ	
STREET ADDRESS	10 E. HIGH PO	int <del>r</del> d.	•		5.3	STREET	ADDRESS						1	
CITY-ST-ZIP	STUART FL					CITY-ST-	·ZIP							
TITLE	D			DELETE		TITLE						Change	☐ Addition	
NAME . ,	DECKOFF, STA	NLEY		,	6.2	NAME	-	•						
STREET ADDRESS	25 ISLAND RD.			i	6.3	STREET A	ADDRESS			1				
1	ATT 14 DE 51													

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-99 (560)288-4484

Daytime Pho

:R2E037 (11/9)