# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:13

DOCUMENT # N27860 (8)

1. Corporation Name

SEA POINTE TOWERS OF FORT PIERCE PROPERTY OWNERS ' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 401 E. OSCEOLA STREET STUART, FL 34994<br>% JANE CORNETT P.O. BOX 66<br>STUART FL 34994-2576 | 401 E. OSCEOLA STREET STUART, FL 34994<br>% JANE CORNETT P.O. BOX 66<br>STUART FL 34994-2576 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1988
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2499739 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 801 S. Ocean Dr #101 | 26 801 S. Ocean Dr #101 |
| Suite, Apt. #, etc.<br>22 Ft Pierce | Suite, Apt. #, etc.<br>27 Ft Pierce |
| City & State<br>23 FL | City & State<br>28 FL |
| Zip / Country<br>24 34949 / 25 St Lucie | Zip / Country<br>29 34949 / 30 St Lucie |

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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 |
|---|---|
| CORNETT, JANE<br>WACKEEN, CORNETT & GOOGE, PA<br>401 E OSCEOLA STREET<br>STUART FL 34994 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: X Mary Anne Patan 4/19/95
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 | P | 11 TITLE | D ☐ Change ☐ Addition |
| NAME | PATAN, MARY ANNE | 12 NAME | |
| STREET ADDRESS | 801 S. OCEAN DRIVE, 502 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL | 14 CITY-ST-ZIP | |
| TITLE | P | 21 TITLE | Vice./V.P. ☑ Change ☐ Addition |
| NAME | SAUGLER, MARY ANN | 22 NAME | James Hetes |
| STREET ADDRESS | 801 S. OCEAN DRIVE, 705 | 23 STREET ADDRESS | 801 S. Ocean Dr #501 P |
| CITY-ST-ZIP | FT. PIERCE FL | 24 CITY-ST-ZIP | Ft Pierce FL 34949 |
| TITLE | P | 31 TITLE | Secretary/V.P. ☑ Change ☐ Addition |
| NAME | FOREST, BARRETT | 32 NAME | Wm Dristiliaris P |
| STREET ADDRESS | 801 S. OCEAN DRIVE | 33 STREET ADDRESS | 801 S. Ocean Dr #504 |
| CITY-ST-ZIP | FT. PIERCE FL | 34 CITY-ST-ZIP | Ft Pierce FL 34949 |
| TITLE | T | 41 TITLE | ☐ Change ☐ Addition |
| NAME | KUPFER, Dr. A. | 42 NAME | |
| STREET ADDRESS | 801 S. OCEAN DRIVE | 43 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X Mary Anne Patan 4/19/95 407-465-9461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000097