

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90131 030 ****61.25

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04122006 Chg-NP CRZE037 (11/05)

DOCUMENT # N29256 1. Entity Name PORPOISE POINT ASSOCIATION, INC.					
Principal Place of Business 2096 S. PORPOISE PT VERO BEACH, FL 32963 US			Mailing Address 2096 S. PORPOISE PT VERO BEACH, FL 32963 US		
2. Principal Place of Business <i>2115 S Porpoise Pt</i> Suite, Apt. #, etc.		3. Mailing Address <i>2115 S Porpoise Pt</i> Suite, Apt. #, etc.			
City & State <i>Vero Beach, FL</i>		City & State <i>Vero Beach FL</i>		4. FEI Number 59-2172403	
Zip <i>32963</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALASSO, RUSSELL 2096 S. PORPOISE PT VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name <i>Wayne Pierce</i> Street Address (P.O. Box Number is Not Acceptable) <i>2115 S Porpoise Pt</i> City <i>Vero Beach</i> FL Zip Code <i>32963</i>		
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 <i>Wayne D Pierce</i> <i>Wayne D Pierce, Pres.</i> <i>4-11-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY - ST - ZIP	D GRANATH, JOHN 2116 N PORPOISE PT VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEDRIX, SONNY 2129 S PORPOISE PT VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GALASSO, RUSSELL 2096 S. PORPOISE PT VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, RUSSELL 2086 S. PORPOISE PT LN VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PIERCE, WAYNE 2115 S. PORPOISE PT LN VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Wayne D Pierce</i> <i>Wayne D Pierce, Pres.</i> <i>4-11-06</i> <i>772 834-6109</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					