2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N29256

1. Entity Name
PORPOISE POINT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2115 S PORPOISE PT VERO BEACH, FL 32963 US	2115 S PORPOISE PT VERO BEACH, FL 32963 US

04092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2172403

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PIERCE, WAYNE
2115 S PORPOISE PT
VERO BEACH, FL 32963

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000707053
04/24/07-80060-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRANATH, JOHN
STREET ADDRESS	2116 N PORPOISE PT
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	HEDRIX, SONNY
STREET ADDRESS	2129 S PORPOISE PT
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	GALASSO, RUSSELL
STREET ADDRESS	2096 S. PORPOISE PT
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	D
NAME	JOHNSON, RUSSELL
STREET ADDRESS	2086 S. PORPOISE PT LN
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	PD
NAME	PIERCE, WAYNE
STREET ADDRESS	2115 S. PORPOISE PT LN
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Wayne D. Pierce Wayne D Pierce 4-9-07 772-234-6109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #