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

APPROVED AND FILED

95 MAR -6 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48416 (4)

1. Corporation Name

BLACK POINTE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
420 EAST PINE STREET CRESTVIEW FL 32536	420 EAST PINE STREET CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1992
3a. Date of Last Report: 04/15/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):
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
CADENHEAD, CHRIS 420 EAST PINE STREET CRESTVIEW FL 32536	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	VST	☒ Change ☐ Addition
NAME	CADENHEAD, CHRIS	1.2 NAME	CADENHEAD, CHRIS	
STREET ADDRESS	420 EAST PINE STREET	1.3 STREET ADDRESS	420 E. PINE STREET	
CITY-ST-ZIP	CRESTVIEW FL	1.4 CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	POPPELL, SAMUEL	2.2 NAME		
STREET ADDRESS	911 A MAR WALT DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BCH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	GIVEN, MICHAEL	3.2 NAME		
STREET ADDRESS	420 E PINE AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, CHARLES W.	4.2 NAME		
STREET ADDRESS	151 MARY ESTHER CUT-OFF	4.3 STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER FL	4.4 CITY-ST-ZIP		
TITLE	VST	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	GIESEN, ANDREW, JR.	5.2 NAME	GIESEN, ANDREW, JR.	
STREET ADDRESS	558 MOONEY ROAD	5.3 STREET ADDRESS	558 MOONEY ROAD	
CITY-ST-ZIP	FT. WALTON BEACH FL	5.4 CITY-ST-ZIP	FT. WALTON BEACH, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Andrew J. Giesen Jr. 2-28-95 (904) 682-6164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ANDREW F. GIESEN, JR.

007.1734