

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N48416 (4)

1. Corporation Name

BLACK POINTE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

420 EAST PINE STREET  
CRESTVIEW FL 32536

Mailing Address

420 EAST PINE STREET  
CRESTVIEW FL 32536

3. Date Incorporated or Qualified  
04/17/1992

3a. Date of Last Report  
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 VST  
NAME CADENHEAD, CHRIS  
STREET ADDRESS 420 EAST PINE STREET  
CITY-ST-ZIP CRESTVIEW FL

☐ DELETE

TITLE D  
NAME POPPELL, SAMUEL  
STREET ADDRESS 911 A MAR WALT DR  
CITY-ST-ZIP FT WALTON BCH FL

☐ DELETE

TITLE D  
NAME GIVEN, MICHAEL  
STREET ADDRESS 420 E PINE AVE  
CITY-ST-ZIP CRESTVIEW FL

☐ DELETE

TITLE D  
NAME DAVIS, CHARLES W.  
STREET ADDRESS 151 MARY ESTHER CUT-OFF  
CITY-ST-ZIP MARY ESTHER FL

☐ DELETE

TITLE PD  
NAME GIESEN, ANDREW, JR.  
STREET ADDRESS 558 MOONEY ROAD  
CITY-ST-ZIP FT. WALTON BEACH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE D  
1.2 NAME REBECCA WESTRA  
1.3 STREET ADDRESS PO BOX 341 "N/A"  
1.4 CITY-ST-ZIP SHALIMAR, FL 32579

☐ Change

☒ Addition

☐ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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)(k), 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 as an attachment with an address.

SIGNATURE: X

*Andrew Giesen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(904) 862-5409

Date

Daytime Phone #

CR2E037 (12/95)