SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



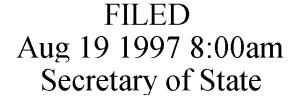
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

BLACK POINTE PROPERTY OWNERS ASSOCIATION, INC.





Principal Plac	e of Business	Malling Address			(1881) 91 01 91081 8111 8180 11919 1	III RIBII DIGII BIBII DIBII DIŞII DIBII IZDI IZDI	
420 EAST PINE	420 EAST PINE STREET				•		
CRESTVIEW FL 32536		CRESTVIEW FL 32538			DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualified 04/17/1992	3a. Date of Last Report 05/01/1996	
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 420 PINE AVE. EAST		26 SAME			NOT APPLICABLE	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27 City & State				Fee Required	
City & State CRESTVIEW, FL 32539		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be		
Zip CRESTVIEW, FL 32539 Zip Country		Zip Country					
24	25	29	30	i isi y	 This corporation owes or has pa Personal Property Tax due June 	· _ · _ ·	
24	g. Name and Address of Curren		1901		10. Name and Address of New Re		
				81 Name			
CADENHEAD, CHRIS				00 04	Address (D.O. David, makes in Net Assessable	1-3	
	T PINE STREET		82 Street Add		Address (P.O. Box Number is Not Acceptab	iie)	
CRESTVI			83				
ONEOTH	;	•		21 00		leel T. Co. I	
				84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	ites, the al	pove-named	corporation submits this statement for the p poration's board of directors. I hereby accep	urpose of changing its registered	
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was ations of, Section 617,0503, F	authorize Iorida Stat	d by the cor lutes.	poration's board of directors. I hereby accer	ot the appointment as registered	
SIGNATURE						·	
	Signature, typed or printed name of registered age		TE Registere	d Agent signatur	required when reinstating)	DATE	
12.	OFFICERS AND		13.	- E	ADDITIONS/CHANGES TO OFFICE		
TITLE	VST CAREAU CAR	☐ DELE te	1.1 1/			☐ Change ☐ Addition	
NAME	CADENHEAD, CHRIS		1.2 N/				
STREET ADDRESS	420 EAST PINE STREET			REET ADDRESS			
CITY-ST-ZIP TITLE	CRESTVIEW FL	DELETE	2.1 TJ	TY-ST-ZIP		Change Addition	
NAME	POPPELL, SAMUEL	L_ October	2.2 N/				
STREET ADDRESS	911 A MAR WALT DR			reet address			
CITY-ST-ZIP	FT WALTON BCH FL			ITY-ST-ZIP	!		
TITLE	D	DELETE	3.1 TI		.	Change Addition	
NAME	GIVEN, MICHAEL		3.2 N				
STREET ADDRESS	420 E PINE AVE			REET ADDRESS			
CITY-ST-ZIP	CRESTVIEW FL		3.4. C	ITY-ST-ZIP			
TITLE	D	DELETE	4.1 TI			Change Addition	
NAME	DAVIS, CHARLES W.		4. 2 N	AME			
STREET ADDRESS	151 MARY ESTHER CUT-OFF		4.3 ST	REET ADDRESS			
CITY-ST-ZIP	MARY ESTHER FL		4.4 CI	TY-ST-ZIP	L		
TITLE	PD	☐ DELETE	5.1 TI	TLE		☐ Change ☐ Addition	
NAME	Gresen, andrew, Jr.		5.2 N/	AME			
STREET ADDRESS	558 MOONEY ROAD		5.3 S1	REET ADDRESS			
CITY-\$1-ZIP	FT. WALTON BEACH FL			TY-ST-ZIP			
TITLE	D	X DELETE	6.1 TI	TLE	FREDERICK J. ERICKSON	☐ Change X Addition	
NAME	WESTRA, REBECCA		6.2 N	AME	PSC 1203 BOX 994-R		
STREET ADDRESS	PO BOX 341 NA		6.3 S1	reet address	APO AE 09803-0994 USA		
CITY-ST-ZIP	SHLIMAR FL		0.40	TY-ST-ZIP	1		

I do nereby certify that the information supplied with this filing 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.