

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 420 PINE AVE. EAST Suite, Apt. #, etc. 22 City & State 23 CRESTVIEW, FL 32539 Zip 24 Country 25		2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 SAME Zip 29 Country 30		3. Date Incorporated or Qualified 04/17/1992	3a. Date of Last Report 05/01/1996
		4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CADENHEAD, CHRIS 420 EAST PINE STREET CRESTVIEW FL 32536		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CADENHEAD, CHRIS	1.2 NAME	
STREET ADDRESS	420 EAST PINE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIESEN, ANDREW, JR.	5.2 NAME	
STREET ADDRESS	558 MOONEY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WESTRA, REBECCA	6.2 NAME	FREDERICK J. ERICKSON
STREET ADDRESS	PO BOX 341 NA	6.3 STREET ADDRESS	PSC 1203 BOX 994-R
CITY-ST-ZIP	SHUMAR FL	6.4 CITY-ST-ZIP	APO AE 09803-0994 USA

14. I do hereby 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.

SIGNATURE _____ SIGNATURE REQUIRED

CR2E037 (4/97)