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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 PINE AVE EAST
CRESTVIEW FL 32539
US**

Mailing Address

**420 PINE AVE EAST
CRESTVIEW FL 32539
US**



3. Date Incorporated or Qualified

04/17/1992

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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 of 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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D
ERICKSON, FREDERICK J
STREET ADDRESS PSC 1203 BOX 994-R
CITY-ST-ZIP APO AE US**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

SIGNATURE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **D
CADENHEAD, CHRIS
1.3 STREET ADDRESS 420 PINE AVE. EAST
1.4 CITY-ST-ZIP CRESTVIEW, FL 32539**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **V
GIVEN, MICHAEL
3.3 STREET ADDRESS 420 PINE AVE. EAST
3.4 CITY-ST-ZIP CRESTVIEW, FL 32539**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **ST
DAVIS, CHARLES W.
4.3 STREET ADDRESS ~~P.O. BOX 579~~ 151 MARY ESHTER CUT-OFF
4.4 CITY-ST-ZIP MARY ESTHER, FL 32569**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **D
FRANCISCO, MICHAEL C.
5.3 STREET ADDRESS 5709 E. INDIAN BEND ROAD
5.4 CITY-ST-ZIP PARADISE VALLEY, ARIZONA 85253**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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: 

4/14/98 (850) 682-2990

Date

Daytime Phone # 0075848

CR2E037 (10/97)