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 APR 12 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004986 (5)**

1. Corporation Name

PRITCHARD POINT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10075 PRICHARD POINT CIRCLE NAVARRE FL 32566	10075 PRICHARD POINT CIRCLE NAVARRE FL 32566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/07/1994
3a. Date of Last Report:
4. FEI Number: 59-3265034 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21 10075 PRITCHARD POINT CIRCLE	26 10075 PRITCHARD POINT CIRCLE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SIMMONS DALE, G
10075 PRICHARD POINT CIRCLE
NAVARRE FL 32566

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

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	P	11 TITLE	D	☒ Change ☐ Addition
NAME	COX, LINCOLN M	12 NAME		
STREET ADDRESS	2003 PRICHARD POINT DRIVE	13 STREET ADDRESS	2003 PRITCHARD POINT DRIVE	
CITY-ST-ZIP	NAVARRE FL 32566	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	D	☒ Change ☐ Addition
NAME	TERRY, ROY	22 NAME		
STREET ADDRESS	2002 PRICHARD POINT DRIVE	23 STREET ADDRESS	2002 PRITCHARD POINT DRIVE	
CITY-ST-ZIP	NAVARRE FL 32566	24 CITY-ST-ZIP		
TITLE	T	31 TITLE	D	☒ Change ☐ Addition
NAME	SIMMONS, DALE G	32 NAME		
STREET ADDRESS	10075 PRICHARD POINT DRIVE	33 STREET ADDRESS	10075 PRITCHARD POINT CIRCLE	
CITY-ST-ZIP	NAVARRE FL 32566	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Lincoln M. Cox LINCOLN M. COX 3/10/95 (904)244-2066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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