

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 # N94000004986 (5)

1. Corporation Name

PRITCHARD POINT HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

10075 PRITCHARD POINT CIRCLE
NAVARRE FL 32566

Mailing Address

10075 PRITCHARD POINT CIRCLE
NAVARRE FL 32566

3. Date Incorporated or Qualified
10/07/1994

3a. Date of Last Report
04/12/1995

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

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMMONS DALE, G
10075 PRITCHARD POINT CIRCLE
NAVARRE FL 32566

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

TITLE P
NAME COX, LINCOLN M
STREET ADDRESS 2003 PRITCHARD POINT DRIVE
CITY-ST-ZIP NAVARRE FL 32566 ☒ DELETE

TITLE V
NAME TERRY, ROY
STREET ADDRESS 2002 PRITCHARD POINT DRIVE
CITY-ST-ZIP NAVARRE FL 32566 ☒ DELETE

TITLE D
NAME SIMMONS, DALE G
STREET ADDRESS 10075 PRITCHARD POINT CIRCLE
CITY-ST-ZIP NAVARRE FL 32566 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Himes, David A.
1.3 STREET ADDRESS 2036 Pritchard Pt. Dr.
1.4 CITY-ST-ZIP Navarre, FL 32566 ☒ Change ☐ Addition

2.1 TITLE D
2.2 NAME CLOUGHER THOMAS A.
2.3 STREET ADDRESS 2063 PRITCHARD PT. DR.
2.4 CITY-ST-ZIP NAVARRE FL, 32566 ☒ 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

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 on an attachment with an address.

SIGNATURE: D. A. H. David A. Himes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 21, 96 (904) 939-4680

Date

Daytime Phone #

CR2E037 (12/95)