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FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

10075 PRITCHARD POINT CIRCLE  
NAVARRE FL 32566

10075 PRITCHARD POINT CIRCLE  
NAVARRE FL 32566-3005

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SIMMONS DALE, G  
10075 PRITCHARD POINT CIRCLE  
NAVARRE FL 32566

3. Date Incorporated or Qualified  
10/07/1994

3a. Date of Last Report  
03/21/1996

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

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 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 D ☒ DELETE  
NAME HIMES, DAVID A  
STREET ADDRESS 2036 PRITCHARD POINT DRIVE  
CITY-ST-ZIP NAVARRE FL 32566

TITLE D ☒ DELETE  
NAME CLOUGHER, THOMAS A  
STREET ADDRESS 2063 PRITCHARD POINT DRIVE  
CITY-ST-ZIP NAVARRE FL 32566

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PID ☒ Change ☐ Addition  
1.2 NAME Fulcher, Joseph A.  
1.3 STREET ADDRESS 2033 PRITCHARD POINT Drive  
1.4 CITY-ST-ZIP NAVARRE, FL 32566

2.1 TITLE V/D ☒ Change ☐ Addition  
2.2 NAME REMER, TERRY J.  
2.3 STREET ADDRESS 2009 PRITCHARD POINT DRIVE  
2.4 CITY-ST-ZIP NAVARRE, FL 32566

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

CR2E037 (9/96)