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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004986 (5)**  
1. Corporation Name

**PRITCHARD POINT HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>10075 PRITCHARD POINT CIRCLE NAVARRE FL 32566</b>	Mailing Address <b>10075 PRITCHARD POINT CIRCLE NAVARRE FL 32566</b>
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3. Date Incorporated or Qualified

**10/07/1994**

4. FEI Number

**59-3265034**

Applied For

Not Applicable

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

29

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 ☒ DELETE

NAME **PD  
FULCHER, JOSEPH A**  
STREET ADDRESS **2033 PRITCHARD POINT DR**  
CITY-ST-ZIP **NAVARRE FL**

TITLE ☒ DELETE

NAME **VD  
KEMPER, TERRY L**  
STREET ADDRESS **2009 PRITCHARD POINT DR**  
CITY-ST-ZIP **NAVARRE FL**

TITLE ☒ DELETE

NAME **STD  
SIMMONS, DALE G**  
STREET ADDRESS **10075 PRITCHARD POINT CIRCLE**  
CITY-ST-ZIP **NAVARRE FL**

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 ☒ Change ☐ Addition

1.2 NAME **RD EVERETT F. Ruowski**  
1.3 STREET ADDRESS **2044 Pritchard Pt. Dr.**  
1.4 CITY-ST-ZIP **Navarre, FL 32566**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **VSD -  
CHAYES, THOMAS R**  
2.3 STREET ADDRESS **2047 Pritchard Pt. Dr.**  
2.4 CITY-ST-ZIP **Navarre, FL 32566**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **TD  
Sutton, THOMAS C.**  
3.3 STREET ADDRESS **2052 Pritchard Pt. Dr.**  
3.4 CITY-ST-ZIP **Navarre, FL 32566**

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 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**

**01-29-98**

**850-939-5651**

CR2E037 (10/97)