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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004986

11. Corporation Name

PRITCHARD POINT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10075 PRITCHARD POINT CIRCLE DR
NAVARRE FL 325662052 10075 PRITCHARD POINT CIRCLE DR.
NAVARRE FL 32566

72052



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		28 Suite, Apt. #, etc.		- 10/07/1994	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3265034	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		29		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

SIMMONS DALE, G
 10075 PRITCHARD POINT CIRCLE
 NAVARRE FL 32566

10. Name and Address of New Registered Agent

81 Name Thomas Sutton
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 2052 Pritchard Pt Dr
 84 City Navarre FL 85 Zip Code 32566

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	RUOWSKI, EVERETT F	1.2 NAME	Shelly Pusch
STREET ADDRESS	2044 PRITCHARD PT DR	1.3 STREET ADDRESS	2008 Pritchard PT DR.
CITY-ST-ZIP	NAVARRE FL 32566	1.4 CITY-ST-ZIP	Navarre FL 32566
TITLE	VSD	2.1 TITLE	VSD
NAME	CHAVES, THOMAS R	2.2 NAME	Martin Stephens
STREET ADDRESS	2047 PRITCHARD PT DR	2.3 STREET ADDRESS	10074 Pritchard Pt Cir.
CITY-ST-ZIP	NAVARRE FL 32566	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	SUTTON, THOMAS C	3.2 NAME	
STREET ADDRESS	2052 PRITCHARD POINT DR	3.3 STREET ADDRESS	SAME
CITY-ST-ZIP	NAVARRE FL 32566	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

Shelly Pusch 4/1/99 850-936-9016