



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90031 030 ****61.25

DOCUMENT # N94000004986 1. Entity Name PRITCHARD POINT HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O CHARLES L. MILLER, SEC/TREASURER 2020 PRITCHARD POINT DRIVE NAVARRE, FL 32566-3006			Mailing Address C/O ANN GRIMES, SECRETARY/TREASURER 2059 PRITCHARD POINT DRIVE NAVARRE, FL 32566-3006		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3265034	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROCTOR, JOHN R PRES 2067 PRITCHARD POINT DR NAVARRE, FL 32566-3006				7. Name and Address of New Registered Agent Name Ann Grimes Street Address (P.O. Box Number is Not Acceptable) 2059 Pritchard Pt Drive City Navarre FL Zip Code 32566	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PROCTOR, JOHN R 2067 PRITCHARD POINT DRIVE NAVARRE, FL 32566	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ann Grimes 2059 Pritchard Pt Dr. Navarre, FL 32566
		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, CHARLES L 2020 PRITCHARD POINT DRIVE NAVARRE, FL 32566	Delete <input checked="" type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Tom Sutton 2052 Pritchard Pt. Dr. Navarre, FL 32566
		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MARTIN, RODERICK P 2093 PRITCHARD POINT DRIVE NAVARRE, FL 32566	Delete <input checked="" type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Everett Ruzowski Pritchard Pt Dr Navarre, FL 32566
		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		Change <input type="checkbox"/> Addition <input type="checkbox"/>			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u>Everett F. Ruzowski</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>03-08-04</u> Daytime Phone # <u>850-934-5151</u>	