

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NON-PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 04 1998 8:00am  
Secretary of State

DOCUMENT # **NG4000005496**  
1. Corporation Name **PONCE INLET TAXPAYERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**65 BEACH ST  
PONCE INLET FL  
32127**

**- SAME -**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**7/NOV/94**

2. Principal Place of Business

**21 65 BEACH ST**

Suite, Apt. #, etc.

**22**

City & State

**23 PONCE INLET FL**

Zip

Country

**24 32127**

**25 USA**

2a. Mailing Address

**26 65 BEACH ST**

Suite, Apt. #, etc.

**27**

City & State

**28 PONCE INLET, FL.**

Zip

Country

**29 32127**

**30 USA**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARVEY BACH  
65 BEACH ST.  
PONCE INLET, FL. 32127**

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 607.0502 and 607.1508, 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 607.0502, Florida Statutes.

SIGNATURE **HARVEY BACH**

*Harvey Bach*

**5/1/98**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DIRECTOR** ☐ DELETE  
NAME **FRANK NABAL**  
STREET ADDRESS **4745 SO. ATLANTIC AVE**  
CITY-ST-ZIP **PONCE INLET, FL, 32127**

TITLE ☐ DELETE  
NAME **/**  
STREET ADDRESS **/**  
CITY-ST-ZIP **/**

TITLE **DIRECTOR** ☐ DELETE  
NAME **ROBERT PAGE**  
STREET ADDRESS **46 SO. TURN CIRCK**  
CITY-ST-ZIP **PONCE INLET, FL, 32127**

TITLE ☐ DELETE  
NAME **/**  
STREET ADDRESS **/**  
CITY-ST-ZIP **/**

TITLE **DIRECTOR** ☐ DELETE  
NAME **RICHARD STORM**  
STREET ADDRESS **126 OLD CARRIAGE RD**  
CITY-ST-ZIP **PONCE INLET, FL, 32127**

TITLE ☐ DELETE  
NAME **/**  
STREET ADDRESS **/**  
CITY-ST-ZIP **/**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

CR2E034 (10/97)