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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005496

1. Corporation Name
PONCE INLET TAXPAYERS ASSOCIATION, INC.

Principal Place of Business
65 BEACH ST
PONCE INLET FL 32127

Mailing Address
65 BEACH ST
PONCE INLET FL 32127

2. Principal Place of Business
21 126 Old Carriage Rd.
Suite, Apt. #, etc.
22
City & State
23 Ponce Inlet, Fl.
Zip 24 32127 Country 25 USA

2a. Mailing Address
26 126 Old Carriage Rd.
Suite, Apt. #, etc.
27
City & State
28 Ponce Inlet, Fl.
Zip 29 32127 Country 30 USA

3. Date Incorporated or Qualifed
11/07/1994

4. FEI Number
NOT APPLICABLE
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

9. Name and Address of Current Registered Agent
BACH, HARVEY
65 BEACH ST
PONCE INLET FL 32127

10. Name and Address of New Registered Agent
81 Name Storm, Richard
82 Street Address (P.O. Box Number is Not Acceptable) 126 Old Carriage Rd.
83
84 City Ponce Inlet FL 85 Zip Code 32127

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 Richard A. Storm — Signature, typed or printed name of registered agent and title if applicable. Richard A. Storm (NOTE: Registered Agent signature required when reinstating) DATE 2/27/99

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	NEBEL, FRED Fred Nebel	
STREET ADDRESS	4745 S. ATLANTIC AVE	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	D	☒ DELETE
NAME	PAGE, ROBERT	
STREET ADDRESS	46 S. TURN CIRCLE	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	D	☒ DELETE
NAME	STORM, RICHARD	
STREET ADDRESS	126 OLD CARRIAGE RD	
CITY-ST-ZIP	PONCE INLET FL 32127	
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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D John Marsh	☐ Change ☒ Addition
2.2 NAME	Marsh, JoAnn	
2.3 STREET ADDRESS	4343 So. Peninsula Dr.	
2.4 CITY-ST-ZIP	Ponce Inlet, Fl., 32127	
3.1 TITLE	D Frances Bochese	☐ Change ☒ Addition
3.2 NAME	Bochese, Frances	
3.3 STREET ADDRESS	4671 So. Atlantic Ave.	
3.4 CITY-ST-ZIP	Ponce Inlet, Fl., 32127	
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		

CR2E037 (11/98)

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: RICHARD A. STORM Richard A. Storm 2/27/99 (904) 788-3661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #