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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	Mailing Address
65 BEACH ST PONCE INLET FL 32127	65 BEACH ST PONCE INLET FL 32127

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 126 Old Carriage Rd.	26 126 Old Carriage Rd.	11/07/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23 Ponce Inlet, Fl.	City & State 28 Ponce Inlet, Fl.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 32127 25 USA	Zip / Country 29 32127 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BACH, HARVEY 65 BEACH ST PONCE INLET FL 32127	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 2/27/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEBEL, FRED 4745 S. ATLANTIC AVE PONCE INLET FL 32127	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAGE, ROBERT 46 S. TURN CIRCLE PONCE INLET FL 32127	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Marsh, JoAnn 4343 So. Peninsula Dr. Ponce Inlet, Fl., 32127 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STORM, RICHARD 126 OLD CARRIAGE RD PONCE INLET FL 32127	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Bochese, Frances 4671 So. Atlantic Ave. Ponce Inlet, Fl., 32127 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 #