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Secretary of State

03-01-1999 90061 039 ****61.25



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

NONPROFIT
CORPORATION
ANNUAL REPORT
1999

DOCUMENT # N96000000213

1. Corporation Name

POINT OF WOODS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

(111 POINT OF WOODS TRAIL)
ROUTE 5, BOX 1841
PALATKA FL 32177

Mailing Address

(111 POINT OF WOODS TRAIL)
ROUTE 5, BOX 1841
PALATKA FL 32177

1 3 1 7 5 7 9 0 0 6 1 3 9
131757-90061-39



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/09/1996

4. FEI Number

59-3353909

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

ECHOLS, KEN
(111 POINT OF WOODS TRAIL)
ROUTE 5, BOX 1841
PALATKA FL 32177

10. Name and Address of New Registered Agent

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 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

TITLE DPM ☐ DELETE

NAME ECHOLS, KEN
STREET ADDRESS 111 POINT OF WOODS TR
CITY-ST-ZIP PALATKA FL 32177

TITLE DV ☒ DELETE

NAME HOLTON, JOHN
STREET ADDRESS RT 5 BOX 1862
CITY-ST-ZIP PALATKA FL 32177

TITLE DT ☐ DELETE

NAME HARDEN, FRAN
STREET ADDRESS RT 5 BOX 1839
CITY-ST-ZIP PALATKA FL 32177

TITLE DS ☒ DELETE

NAME TAVENEY, SHANNA
STREET ADDRESS RT 5 BOX 1829
CITY-ST-ZIP PALATKA FL 32177

TITLE D ☐ DELETE

NAME WELCH, DARRELL
STREET ADDRESS RT 5 BOX 1854
CITY-ST-ZIP PALATKA FL 32177

TITLE D ☐ DELETE

NAME DALE, DIANNE
STREET ADDRESS RT 5 BOX 1808
CITY-ST-ZIP PALATKA FL 32177

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D P M T ☒ 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 D S ☒ 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 D V ☒ 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 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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

After 3:45
1/30/99 904 328-8707
Date Daytime Phone #

CR2E037 (11/98)