## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham '

**FILED** 

Mar 17 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N9600005740 (3)

ELLIOTT POINT COMMUNITY GROUP, INC.

1					
Principal Place of Business Mailing Address					
220 BROOKS STREET SE P.O. BOX 2136 FORT WALTON BEACH FL FORT WALTON BEACH		P.O. BOX 2136 FORT WALTON BEACH FL	32549-2136		
					3. Date Incorporated or Qualified 11/08/1996 3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address	a. Mailing Address		4. FEI Number Applied For
21	26			59-3422 857 Not Applicat	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
City & State		City & State			Fee Required
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip			Country		8. This corporation has liability for intangible tax under s. 199.032,
24	25		30		Florida Statutes Yes No
-	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New Registered Agent
1			81	Name	
	D'AMORE, HELEN S			Street	t Address (P.O. Box Number is Not Acceptable)
320 BROOKS STREET SE			83	<u> </u>	
FORT	VALTON BEACH FL		00		
	•		84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statuter	s, the abov	e-named	d corporation submits this statement for the purpose of changing its registere
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, Soction 617.0503, Florida Statutes.					
SIGNATURE	The state of the s		iou otatato		
SIGNATURE .	Signature, typed or printed name of rog-stered agon	it and title if applicable. (NOTE:	Rogistered Ag	ent signatur	or required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DAGGETT HANDT M	☐ DELETE	1.1 TITLE		Change Additi
NAME	BAGGETT, JANET M 312 BROOKS STREET SE		1.2 NAME		
STREET ADDRESS	FORT WALTON BEACH FL 32	540		ADDRESS	2
CITY-ST-ZIP	D	DELETE	1.4 CITY+S 2.1 TITLE	51 - ZIP	Change Additi
NAME	D'AMORE, HELEN S		2.2 NAME		
STREET ADORESS			2.3 STREET	ADDRESS	
CITY-ST-ZIP	T-ZIP FORT WALTON BEACH FL 32548		2. 4 CITY-	ST-ZIP	
TITLE			3.1 TITLE		☐ Change ☐ Additi
NAME	**************************************		3.2 NAME		
STREET ADDRESS	PORT MAINTAN PERONE PLANEAR		3.3 STREET	ADDRESS	
CITY-\$T-ZIP			3.4. CITY -	ST-ZIP	Change C Addition
TITLE NAME	REITHER, STAN 1	☐ Ottete	4.1 TITLE 4.2 NAME		LI Change LI Additi
STREET ADDRESS	325 BROOKS STREET SE			I ADDRESS	
CITY-\$1-ZIP	FORT WALTON BEACH FL 32	<b>!548</b>	4.4 CITY - S		
TITLE	D	DELETE	5.1 TITLE	Z. E.	D Charige ☑ Additi
NAME	GILMORE, VIRGINIA	•	5.2 NAME		Snowball, Angela
STREET ADDRESS	203 GILMORE COURT SE		5.3 STREET	ADDRESS	Snowball, Angela 349 Brooks Street, S.E.
CITY-ST-ZIP	FORT WALTON BEACH FL 32		54 CHY-5	ST - <b>Z</b> IP	Fort Walton Beach, FL 32548
TITLE		DELETE	6.1 TITLE		Change Additi
NAME			6.2 NAME		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
STREET ADDRESS			6.3 STREET		1 by 1 book 6125
14. I do herel	ov certify that the information supplied	with this filing does not qualify	6.4 CITY-S		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 unclosed in the lam 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 17					
appears in Block 12 or Block 13 if changed, or on an attachment with an address.					