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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005740 (3)**

1. Corporation Name

ELLIOTT POINT COMMUNITY GROUP, INC.



Principal Place of Business 430 BROOKS STREET SE FORT WALTON BEACH FL	Mailing Address PO BOX 2406 FORT WALTON BEACH FL 32540
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3. Date Incorporated or Qualified 11/08/1986	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 59-3422857		

2. Principal Place of Business 21 204 HOOD AVENUE Suits, Apt. #, etc. 35 PRYOR RD SE City & State FORT WALTON BEACH FL Zip 32548	2a. Mailing Address 26 204 HOOD AVENUE Suits, Apt. #, etc. 35 PRYOR RD SE City & State FORT WALTON BEACH FL Zip 32548
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent D'AMORE, HELEN S 320 BROOKS STREET SE FORT WALTON BEACH FL	
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10. Name and Address of New Registered Agent 81 Name GUARINO, TOUREY M. 82 Street Address (P.O. Box Number is Not Acceptable) 35 PRYOR RD SE 83 84 City FORT WALTON BEACH FL 85 Zip Code 32548	
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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 *Tourey M. Guarino* (TOUREY M. GUARINO) DATE *23 April 1998*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D BAGGETT, JANET M
STREET ADDRESS	312 BROOKS STREET SE
CITY-ST-ZIP	FORT WALTON BEACH FL 32548
TITLE	<input type="checkbox"/> DELETE
NAME	D'AMORE, HELEN S
STREET ADDRESS	320 BROOKS STREET SE
CITY-ST-ZIP	FORT WALTON BEACH FL 32548
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	HOMMENSEN, SANDRA
STREET ADDRESS	843 BROOKS STREET SE
CITY-ST-ZIP	FORT WALTON BEACH FL 32548
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	REITER, STAN I
STREET ADDRESS	925 BROOKS STREET SE
CITY-ST-ZIP	FORT WALTON BEACH FL 32548
TITLE	<input type="checkbox"/> DELETE
NAME	D SNOWBALL, ANGELA
STREET ADDRESS	349 BROOKS STREET, S.E.
CITY-ST-ZIP	FORT WALTON BEACH FL 32548
TITLE	<input type="checkbox"/> DELETE
NAME	D GUARINO, TOUREY M
STREET ADDRESS	35 PRYOR RD SE
CITY-ST-ZIP	FORT WALTON BEACH FL 32548

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D GUARINO, TOUREY M.
1.3 STREET ADDRESS	35 PRYOR RD SE
1.4 CITY-ST-ZIP	FORT WALTON BEACH FL 32548
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D RUSSELL, BOB
2.3 STREET ADDRESS	338 BROOKS ST SE
2.4 CITY-ST-ZIP	FORT WALTON BEACH FL 32548
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D RUSSELL, JUNE
3.3 STREET ADDRESS	338 BROOKS ST SE
3.4 CITY-ST-ZIP	FORT WALTON BEACH FL 32548
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D PURCELL, BEATHY
4.3 STREET ADDRESS	204 HOOD AVENUE
4.4 CITY-ST-ZIP	FORT WALTON BEACH FL 32548
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Tourey M. Guarino* (TOUREY M. GUARINO) *23 April 98* *850-243-5292*

CR2037 (10/97)