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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N96000005740

1. Corporation Name
ELLIOTT POINT COMMUNITY GROUP, INC.

Principal Place of Business 35 PRYOR RD S E FT WALTON BEACH FL 32548 US	Mailing Address 35 PRYOR RD SE FT WALTON BEACH FL 32548 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/08/1996	4. FEI Number 59-3422857 Applied For Not Applicable
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	

9. Name and Address of Current Registered Agent GUARINO, TOUREY M 35 PRYOR RD SE FT WALTON BEACH FL 32548	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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	NAME GUARINO, TOUREY M	1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	BAGGETT, JANET M.
STREET ADDRESS 35 PRYOR RD SE	CITY-ST-ZIP FT WALTON BEACH FL 32548	1.2 NAME	312 BROOKS STREE SE
TITLE D <input type="checkbox"/> DELETE	NAME RUSSELL, BOB	1.3 STREET ADDRESS	FORT WALTON BEACH FL 32548
STREET ADDRESS 338 BROOKS ST S E	CITY-ST-ZIP FT WALTON BEACH FL 32548	1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME RUSSELL, JUNE	2.1 TITLE	
STREET ADDRESS 338 BROOKS ST SE	CITY-ST-ZIP FT WALTON BEACH FL 32548	2.2 NAME	
TITLE D <input type="checkbox"/> DELETE	NAME PURCELL, BEATTY	2.3 STREET ADDRESS	
STREET ADDRESS 204 HOOD AVENUE	CITY-ST-ZIP FT WALTON BEACH FL 32548	2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME SNOWBALL, ANGELA	3.1 TITLE	
STREET ADDRESS 349 BROOKS STREET, S.E.	CITY-ST-ZIP FORT WALTON BEACH FL 32548	3.2 NAME	
TITLE D <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME	4.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE D <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME	5.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE D <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME	6.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE D <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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 of Touréy M. Guarino* (TOUREY M. Guarino) 25 April 99 850 243-5292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)