

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90220 032 ****61.25

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**



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29

30

3. Date Incorporated or Qualified

11/08/1996

4. FEI Number

59-3422857

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

**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

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 officer 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 **D** ☐ DELETE

NAME **GUARINO, TOUREY M**
STREET ADDRESS **35 PRYOR RD SE**
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE **D** ☐ DELETE

NAME **RUSSELL, BOB**
STREET ADDRESS **338 BROOKS ST S E**
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE **D** ☐ DELETE

NAME **RUSSELL, JUNE**
STREET ADDRESS **338 BROOKS ST SE**
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE **D** ☐ DELETE

NAME **PURCELL, BEATTY**
STREET ADDRESS **204 HOOD AVENUE**
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE **D** ☐ DELETE

NAME **SNOWBALL, ANGELA**
STREET ADDRESS **349 BROOKS STREET, S.E.**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **BAGGETT, JANET M.**

1.3 STREET ADDRESS **312 BROOKS STREE SE**

1.4 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ 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 ☐ 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 of Tourey 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)