

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000069206 (7)

1. Corporation Name

HURON POINTE ASSOCIATES, INCORPORATED



Principal Place of Business

326 CAROLINE ST
KEY WEST FL 33040

Mailing Address

326 CAROLINE ST
KEY WEST FL 33040

3. Date Incorporated or Qualified
09/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

P.O. Box 6443

4. FEI Number
65-0619382

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

Key West, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

33041

monroe

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANT, KARLEEN A
330 WHITEHEAD ST
SUITE 200
KEY WEST FL 33040

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent signature is required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS WALSH, HAROLD J
CITY-ST-ZIP 5 HUTCHINSON LN
KEY WEST FL 33040

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Director
1.3 STREET ADDRESS Harold J. Walsh
1.4 CITY-ST-ZIP 513 Olivia Street
Key West, FL 33040

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Chairman - Director
2.3 STREET ADDRESS Henry A. Drettmann
2.4 CITY-ST-ZIP 326 Caroline Street
Key West, FL 33040

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME President - Director
3.3 STREET ADDRESS Mary A. Drettmann
3.4 CITY-ST-ZIP 326 Caroline Street
Key West, FL 33040

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 900001797688
5.4 CITY-ST-ZIP -04/29/96--01026--003
***208.75

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harold J. Walsh

4-25-96

305-294-9911

CR2E034 (12/95)