# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

~~1996~~ 1997

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

FILED
Sep 18 1997 8:00am
Secretary of State

DOCUMENT # 746306 (0)

1. Corporation Name

THE HARBOUR CIVIC ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~11436 PORTSIDE DR~~ 11423 River KnollDr<br>~~JACKSONVILLE FL 32225~~ JAX, Fla 32225<br>US | ~~11436 PORTSIDE DR~~ 11423 River Knoll Dr<br>~~JACKSONVILLE FL 32225~~ JAX, Fla 32225<br>US |

3. Date Incorporated or Qualified: 03/19/1979

3a. Date of Last Report: 03/02/~~1995~~ 1996

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 59-3072685 ☐ 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

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

9. Name and Address of Current Registered Agent

~~DREISTADT, WENDY~~
~~11436 PORTSIDE DR~~
~~JACKSONVILLE FL 32225~~

Betty Carantza
11423 River Knoll DR
JAX, Fla 32225

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 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: Betty Carantza — Sept 11, 1997

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | STROUP, LETRICIA | | 1.2 NAME | Johnson, Terry | |
| STREET ADDRESS | 11257 PORTSIDE DR | | 1.3 STREET ADDRESS | 4205 Harbour Woods Rd W | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 1.4 CITY-ST-ZIP | JAX, Fla 32225 | |
| TITLE | VP | ☐ DELETE | 2.1 TITLE | VP | ☒ Change ☐ Addition |
| NAME | PETERSON, DON | | 2.2 NAME | Jones, Arthur | |
| STREET ADDRESS | 11354 OAK LANDINGS | | 2.3 STREET ADDRESS | 11443 River Knoll | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 2.4 CITY-ST-ZIP | JAX, Fla 32225 | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | SD | ☒ Change ☐ Addition |
| NAME | CARANTZ, BETTY | | 3.2 NAME | Russo, Susan | |
| STREET ADDRESS | 11423 RIVER KNOLL | | 3.3 STREET ADDRESS | 4130 Harbour Woods R.W. | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 3.4 CITY-ST-ZIP | JAX, Fla 32225 | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | TD | ☒ Change ☐ Addition |
| NAME | DREISTADT, WENDY | | 4.2 NAME | CARANTZA, BETTY | |
| STREET ADDRESS | 11436 PORTSIDE DR | | 4.3 STREET ADDRESS | 11423 River Knoll Dr | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 4.4 CITY-ST-ZIP | Jax Fla | |
| TITLE | CD | ☐ DELETE | 5.1 TITLE | | ☒ Change ☐ Addition |
| NAME | JACKSON, VONNIE | | 5.2 NAME | | |
| STREET ADDRESS | 11354 HARBOUR WOODS RD SO | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 5.4 CITY-ST-ZIP | | TJ 9/18/97 |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | 100002298851 | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | -09/22/97--01007--018 | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | ***61.25 | |

CR2E037 (12/95)

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)(k), 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:** Betty Carantza — Sept 11, 1997 — 641-7796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #