

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 9:54

DOCUMENT # 752172 (7)
1. Corporation Name
DELEON SHORES COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
1- LADYFISH STREET PONTE VEDRA FL 32082
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/24/1980** 3a. Date of Last Report **04/08/1994**
4. FEI Number **59-2137843** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

21. Principal Place of Business 21a. Mailing Address
21 Suite, Apt. #, etc. 21a Suite, Apt. #, etc.
22 **6 Bonita Dr** 22a **6 Bonita Dr.**
22 City & State 22a City & State
23 **Ponte Vedra FL** 23a **Ponte Vedra FL**
23 Zip 23a Zip 23b Country 23c Country
24 **32082** 24a **USA** 24b **32082** 24c **USA**

9. Name and Address of Current Registered Agent
HAUCK, EDRA L.
1 LADYFISH ST
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent
81 Name **Stephen Grant**
82 Street Address (P.O. Box Number is Not Acceptable) **6 Bonita Dr.**
83 **Ponte Vedra**
84 City **FL** 85 Zip Code **32082**

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 *Stephen Grant* DATE **4.11.95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUCK, EDRA	1.2 NAME	Grant, Stephen
STREET ADDRESS	1 LADYFISH ST	1.3 STREET ADDRESS	6 Bonita Dr.
CITY - ST - ZIP	PONTE VEDRA FL	1.4 CITY - ST - ZIP	Ponte Vedra FL 32082
TITLE	V	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEAVES, HAL	2.2 NAME	Hope, Brian
STREET ADDRESS	7 BLUEFISH PLACE	2.3 STREET ADDRESS	3 Bonita Dr.
CITY - ST - ZIP	PONTE VEDRA FL	2.4 CITY - ST - ZIP	Ponte Vedra FL 32082
TITLE	VD	3.1 TITLE	V: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTMANN, EVELYN	3.2 NAME	Hauck, Edra
STREET ADDRESS	5 BLUEFISH AVE	3.3 STREET ADDRESS	1 Ladyfish St.
CITY - ST - ZIP	PONTE VEDRA FL	3.4 CITY - ST - ZIP	Ponte Vedra FL 32082
TITLE	V	4.1 TITLE	v <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUCK, FRANK	4.2 NAME	Fortmann, Evelyn
STREET ADDRESS	1 LADYFISH ST	4.3 STREET ADDRESS	5 Bluefish Ave
CITY - ST - ZIP	PONTE VEDRA FL	4.4 CITY - ST - ZIP	Ponte Vedra FL 32082
TITLE	T	5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURG, SUSAN	5.2 NAME	Weinburger, Barbara
STREET ADDRESS	8 LADYFISH ST.	5.3 STREET ADDRESS	10 Bonita Dr.
CITY - ST - ZIP	PONTE VEDRA FL	5.4 CITY - ST - ZIP	Ponte Vedra, FL 32082
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, SANDRA	6.2 NAME	
STREET ADDRESS	28 LADYFISH ST.	6.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VERDE FL	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)(b), 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: *Stephen Grant* DATE: **04-11-95** SYSTEM PHONE #: **92-634-PSB9**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR