

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 752172 (7)

1. Corporation Name

DELEON SHORES COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6 BONITA DR
PONTE VEDRA FL 32082
US

6 BONITA DR
PONTE VEDRA FL 32082
US

3. Date Incorporated or Qualified
04/24/1980

3a. Date of Last Report
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 1 LADYFISH ST

26 1 LADYFISH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 PONTE VEDRA FL

28 PONTE VEDRA FL

Zip

Country

Zip

Country

24 32082

25 USA

29 32082

30 USA

4. FEI Number

59-2137843

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

10. Name and Address of New Registered Agent

GRANT, STEPHEN
6 BONITA DR
PONTE VEDRA FL 32082

81 Name

EDRA HAUCK

82

Street Address (P.O. Box Number is Not Acceptable)

1 LADYFISH ST

83

84

City PONTE VEDRA

FL

85

Zip Code 32082

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

Edra J. Hauck, PRESIDENT

3/4/96

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

(NOTE: Registered Agent signature required when re-appointing)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRANT, STEPHEN	
STREET ADDRESS	6 BONITA DR	
CITY-ST-ZIP	PONTE VEDRA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOPE, BRIAN	
STREET ADDRESS	3 BONITA DR	
CITY-ST-ZIP	PONTE VEDRA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HAUCK, EDRA	
STREET ADDRESS	1 LADYFISH ST	
CITY-ST-ZIP	PONTE VEDRA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FORTMANN, EVELYN	
STREET ADDRESS	5 BLUEFISH AVE	
CITY-ST-ZIP	PONTE VEDRA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WEINBURGER, BARBARA	
STREET ADDRESS	10 BONITA DR	
CITY-ST-ZIP	PONTE VERDA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	POOLE, SANDRA	
STREET ADDRESS	28 LADYFISH ST.	
CITY-ST-ZIP	PONTE VERDE FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hauck, Edra	
1.3 STREET ADDRESS	1 Ladyfish St.	
1.4 CITY-ST-ZIP	Ponte Vedra, FL 32082	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fortmann, Evelyn	
2.3 STREET ADDRESS	121 Bluefish Ave	
2.4 CITY-ST-ZIP	Ponte Vedra, FL 32082	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Weinburger, Joseph	
3.3 STREET ADDRESS	10 Bonita Dr.	
3.4 CITY-ST-ZIP	Ponte Vedra, FL 32082	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

Edra J. Hauck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDRA J. HAUCK

3/4/96 (904) 285-3683

Date

Daytime Phone #

CR2E037 (12/95)