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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
1 LADYFISH ST PONTE VEDRA FL 32082
US 1 LADYFISH ST PONTE VEDRA FL 32082-2029
US

3. Date Incorporated or Qualified 04/24/1980
3a. Date of Last Report 03/28/1996

2. Principal Place of Business 2a. Mailing Address
21 17 DRUM PL 26 17 DRUM PL
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 PONTE VEDRA, FL 28 PONTE VEDRA, FL
Zip Country Zip Country
24 32082 25 U.S. 29 32082 30 U.S.

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

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

10. Name and Address of New Registered Agent
81 Name DOLAN, RONALD
82 Street Address (P.O. Box Number is Not Acceptable) 17 DRUM PLACE
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: *R. Dolan* RONALD DOLAN PRESIDENT DATE: 2/9/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINBURGER, JOSEPH	1.2 NAME	DECKER, DAVID E.
STREET ADDRESS	10 BONITA DR	1.3 STREET ADDRESS	DOLPHIN BLVD
CITY-ST-ZIP	PONTE VEDRA FL	1.4 CITY-ST-ZIP	PONTE VEDRA FL
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORTMANN, EVELYN	2.2 NAME	MULLAN, CATHERINE
STREET ADDRESS	121 BLUEFISH AVE	2.3 STREET ADDRESS	4 DOLPHIN BLVD
CITY-ST-ZIP	PONTE VEDRA FL	2.4 CITY-ST-ZIP	PONTE VEDRA FL
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUCK, EDRA	3.2 NAME	DOLAN, RONALD
STREET ADDRESS	1 LADYFISH ST	3.3 STREET ADDRESS	17 DRUM PLACE
CITY-ST-ZIP	PONTE VEDRA FL	3.4 CITY-ST-ZIP	PONTE VEDRA FL
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTMANN, EVELYN	4.2 NAME	WORK, JAMES P.
STREET ADDRESS	5 BLUEFISH AVE	4.3 STREET ADDRESS	69 DOLPHIN BLVD EAST
CITY-ST-ZIP	PONTE VEDRA FL	4.4 CITY-ST-ZIP	PONTE VEDRA FL
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINBURGER, BARBARA	5.2 NAME	JONES HORACE E.
STREET ADDRESS	10 BONITA DR	5.3 STREET ADDRESS	69 DOLPHIN BLVD EAST
CITY-ST-ZIP	PONTE VEDRA FL	5.4 CITY-ST-ZIP	PONTE VEDRA FL
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POOLE, SANDRA	6.2 NAME	LINDA WILTENIRK
STREET ADDRESS	28 LADYFISH ST.	6.3 STREET ADDRESS	27 MACKENAL ST.
CITY-ST-ZIP	PONTE VERDE FL	6.4 CITY-ST-ZIP	PONTE VEDRA FL

14. I do 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.

SIGNATURE: *R. Dolan* RONALD DOLAN DATE: 8 JAN 97 (904) 285-8560
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0001115

CR2E037 (9/96)