

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 17 DRUM PL PONTE VEDRA FL 32082 US	Mailing Address 17 DRUM PL PONTE VEDRA FL 32082 US
--	--

3. Date Incorporated or Qualified 04/24/1980	Applied For <input type="checkbox"/>
4. FEI Number 59-2137843	Not Applicable <input checked="" type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DOLAN, RONALD
17 DRUM PLACE
PONTE VEDRA FL 32082**

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

12. OFFICERS AND DIRECTORS

TITLE	V <input type="checkbox"/> DELETE
NAME	DECKER, DAVID E.
STREET ADDRESS	DOLPHIN BLVD
CITY-ST-ZIP	PONTE VEDRA FL
TITLE	V <input type="checkbox"/> DELETE
NAME	MULLAN, CATHERINE
STREET ADDRESS	4 DOLPHIN BLVD
CITY-ST-ZIP	PONTE VEDRA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	DOLAN, RONALD
STREET ADDRESS	17 DRUM PLACE
CITY-ST-ZIP	PONTE VEDRA FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	WORK, JAMES
STREET ADDRESS	69 DOLPHIN BLVD EAST
CITY-ST-ZIP	PONTE VEDRA FL
TITLE	V <input type="checkbox"/> DELETE
NAME	JONES, HORACE E.
STREET ADDRESS	61 DOLPHIN BLVD E
CITY-ST-ZIP	PONTE VERDA FL
TITLE	S <input type="checkbox"/> DELETE
NAME	WISHIRE, LINDA
STREET ADDRESS	27 MACCKERAL ST
CITY-ST-ZIP	PONTE VERDE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	700002431027
4.3 STREET ADDRESS	-02/16/98--01024--002
4.4 CITY-ST-ZIP	***61.25
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ROBERT NEWMAN
5.3 STREET ADDRESS	19 MACKAREL ST TRANSURRA
5.4 CITY-ST-ZIP	PONTE VEDRA FL
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MARYLYN GARRIS
6.3 STREET ADDRESS	6 SAILFISH DR SECRETARY DE
6.4 CITY-ST-ZIP	PONTE VEDRA FL 2-16

14. I 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: _____ DATE: **15 JAN 98 (904) 355-5862**

CR2E037 (10/97)