

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

COMM. 00 11 01 13

DOCUMENT # **763406** (6)

1. Corporation Name

HARBOUR NORTH CIVIC ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
*** SANDRA E HIBBARD**
4636 HARBOUR NORTH COURT
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified **05/24/1982** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2189960** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIBBARD, SANDRA E
4636 HARBOUR NORTH CT.
JACKSONVILLE FL 32225

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 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

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	11 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, BILL	12 NAME	CATHY VOSS
STREET ADDRESS	11559 STARBOARD DR.	13 STREET ADDRESS	4573 HARBOUR NORTH CT.
CITY - ST - ZIP	JACKSONVILLE FL	14 CITY - ST - ZIP	JACKSONVILLE, FL. 32225
TITLE	VPD	21 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, CHARLENE	22 NAME	AFESA ADAMS
STREET ADDRESS	4581 HARBOUR NORTH CT	23 STREET ADDRESS	4543 HARBOUR NORTH CT.
CITY - ST - ZIP	JACKSONVILLE FL	24 CITY - ST - ZIP	JACKSONVILLE, FL. 32225
TITLE	SD	31 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSS, KATHY	32 NAME	SANDI HIBBARD
STREET ADDRESS	4573 HARBOUR NORTH CT	33 STREET ADDRESS	4636 HARBOUR NORTH CT.
CITY - ST - ZIP	JACKSONVILLE FL	34 CITY - ST - ZIP	JACKSONVILLE, FL. 32225
TITLE	T	41 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEEN, RANDY	42 NAME	RICK ANDREATA
STREET ADDRESS	4560 HARBOUR NORTH CT.	43 STREET ADDRESS	4520 BAY HARBOUR DR.
CITY - ST - ZIP	JACKSONVILLE, FL 00000	44 CITY - ST - ZIP	JACKSONVILLE FL. 32225
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(3)(a), 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:

Cathy A Voss

CATHY A. VOSS

5/24/95

(904)636-9777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #