

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 # 763406 (6)

1. Corporation Name

HARBOUR NORTH CIVIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% SANDRA E HIBBARD
4636 HARBOUR NORTH COURT
JACKSONVILLE FL 32225

% SANDRA E HIBBARD
4636 HARBOUR NORTH COURT
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified **05/24/1982** 3a. Date of Last Report **05/30/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2189960

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE PD
NAME VOSS, CATHY
STREET ADDRESS 4573 HARBOUR NORTH CT
CITY-ST-ZIP JACKSONVILLE FL

TITLE VPD
NAME ADAMS, AFESA
STREET ADDRESS 4543 HARBOUR NORTH CT
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD
NAME HIBBARD, SANDI
STREET ADDRESS 4636 HARBOUR NORTH CT
CITY-ST-ZIP JACKSONVILLE FL

TITLE T DELETE
NAME ANDREATTA, RICK
STREET ADDRESS 4520 BAY HARBOUR DR
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME **TP COV, GENE**
4.3 STREET ADDRESS **11357 BEACON DRIVE**
4.4 CITY-ST-ZIP **JACKSONVILLE, FL. 32225**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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: *Cathy A Voss* CATHY A VOSS 2/20/96 904/636-9777

CR2E037 (12/95)