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Feb 28 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 # 763406 (6)

1. Corporation Name
HARBOUR NORTH CIVIC ASSOCIATION, INC.



Principal Place of Business Mailing Address
% SANDRA E HIBBARD % SANDRA E HIBBARD
4636 HARBOUR NORTH COURT 4636 HARBOUR NORTH COURT
JACKSONVILLE FL 32225 JACKSONVILLE FL 32225-1085

3. Date Incorporated or Qualified 05/24/1982 3a. Date of Last Report 02/27/1996
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

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

9. Name and Address of Current Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VOSS, CATHY	
STREET ADDRESS	4576 HARBOUR NORTH CT	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, AFESA	
STREET ADDRESS	4549 HARBOUR NORTH CT	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HIBBARD, SANDI	
STREET ADDRESS	4636 HARBOUR NORTH CT	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	TP	<input type="checkbox"/> DELETE
NAME	COX, GENE	
STREET ADDRESS	11357 BEACON DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DANNY MARTIN	
1.3 STREET ADDRESS	11350 BEACON DRIVE	
1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32225	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SANDI HIBBARD	
2.3 STREET ADDRESS	4636 HARBOUR NORTH CT	
2.4 CITY - ST - ZIP	JACKSONVILLE, FL 32225	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JUDY PERKINS	
3.3 STREET ADDRESS	4534 BEACON DRIVE	
3.4 CITY - ST - ZIP	JACKSONVILLE, FL 32225	
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 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: *Daniel Martin* 2/20/97 964-249-7266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0068062

CR2E037 (9/96)