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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 763406

1. Corporation Name

HARBOUR NORTH CIVIC ASSOCIATION, INC.



Principal Place of Business

% SANDRA E HIBBARD
 4636 HARBOUR NORTH COURT
 JACKSONVILLE FL 32225

Mailing Address

% SANDRA E HIBBARD
 4636 HARBOUR NORTH COURT
 JACKSONVILLE FL 32225

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/24/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-2189960

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME MARTIN, DANNY
 STREET ADDRESS 11350 BEACON DRIVE
 CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE PD Change Addition
 1.2 NAME CLOCKADALE, LAURA
 1.3 STREET ADDRESS 11114 SAIL POINT LANE
 1.4 CITY-ST-ZIP JACKSONVILLE, FL. 32225

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

2.1 TITLE VPD Change Addition
 2.2 NAME HILCOMB, MIKE
 2.3 STREET ADDRESS 4463 HARBOUR NORTH CT.
 2.4 CITY-ST-ZIP JACKSONVILLE, FL. 32225

TITLE SD DELETE
 NAME PERKINS, JUDY
 STREET ADDRESS 4534 BEACON DRIVE
 CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE SD Change Addition
 3.2 NAME DEEN, CINDEE
 3.3 STREET ADDRESS 4560 HARBOUR NORTH CT.
 3.4 CITY-ST-ZIP JACKSONVILLE, FL. 32225

TITLE TP DELETE
 NAME COX, GENE
 STREET ADDRESS 11357 BEACON DRIVE
 CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE TD Change Addition
 4.2 NAME LEE, CARLENE
 4.3 STREET ADDRESS 4581 HARBOUR NORTH CT.
 4.4 CITY-ST-ZIP JACKSONVILLE, FL. 32225

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Sandra E Hibbard* SIGNATURE REQUIRED 7-5-99

904/798-5468

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0005974