

**CORPORATION
ANNUAL REPORT
1995**

Florida Department of Banking & Finance
Banking & Finance
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN - 8 AM 9:47

DOCUMENT # N07549 (1)
1. Corporation Name
HARBOUR ISLAND COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 11061 JACKSONVILLE FL 32239
P.O. BOX 11061 JACKSONVILLE FL 32239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/07/1985** 3a. Date of Last Report **03/08/1994**
4. FEI Number **59-2897612** 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**
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

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 Zip Country 29 Zip Country

9. Name and Address of Current Registered Agent

**CAMERON, RUSS
4317 HARBOR ISLAND DR
JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent

81 Name **JODY SUTTON**
82 Street Address (P.O. Box Number is Not Acceptable) **4221 HARBOUR ISLAND DR.**
83
84 City **JACKSONVILLE** FL 85 Zip Code **32225**

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 **JODY SUTTON** *Jody Sutton* DATE **5/15/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAMERON, RUSS
STREET ADDRESS	4317 HARBOUR ISLAND DR
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	SDT
NAME	WHITE, JANET
STREET ADDRESS	4331 HARBOUR ISLAND DR
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	VD
NAME	FROSLICH, ED
STREET ADDRESS	11188 SCHOONER CT
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	SEC.
NAME	LOUISE MOON
STREET ADDRESS	4206 HARBOUR ISLAND DR. →
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	TRES.
NAME	JODY SUTTON →
STREET ADDRESS	4221 HARBOUR ISLAND DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" 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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JODY SUTTON** *Jody Sutton* DATE **5/15/95** DAYTIME PHONE # **904 645-7892**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR