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Mar 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07549

1. Corporation Name
HARBOUR ISLAND COMMUNITY ASSOCIATION, INC.

Principal Place of Business P.O. BOX 11061 JACKSONVILLE FL 32239	Mailing Address 4221 HARBOUR ISLAND DR JACKSONVILLE FL 32225 US
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2. Principal Place of Business 21 4221 Harbour Is. DR.	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/07/1985
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2897612
23 City & State Jacksonville FL	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32225 Country USA	29 Zip Country	30 30
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SUTTON, JODY 4221 HARBOUR ISLAND DR JACKSONVILLE FL 32225	10. Name and Address of New Registered Agent 81 Name MAITLON R SUTTON 82 Street Address (P.O. Box Number is Not Acceptable) 4221 HARBOUR IS DR 83 84 City JACKSONVILLE FL 85 Zip Code 32225
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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: *Maitlon R Sutton* (NOTE: Registered Agent signature required when reinstating) DATE: **3/15/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD <input checked="" type="checkbox"/> DELETE	NAME: CAMERON, RUSS	1.1 TITLE: PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: MAITLON R SUTTON
STREET ADDRESS: 4317 HARBOUR ISLAND DR	CITY-ST-ZIP: JACKSONVILLE FL 32225	12 NAME: 4221 HARBOUR IS DR	13 STREET ADDRESS: JACKSONVILLE, FL 32225
TITLE: S <input type="checkbox"/> DELETE	NAME: HOON, LUISE M	2.1 TITLE: VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: V.D. JOHN BAILEY
STREET ADDRESS: 4206 HARBOUR ISLAND DR	CITY-ST-ZIP: JACKSONVILLE FL	2.2 NAME: 4225 HARBOUR ISLAND DR.	2.3 STREET ADDRESS: JACKSONVILLE, FL. 32225
TITLE: VD <input checked="" type="checkbox"/> DELETE	NAME: FROSLICH, ED	3.1 TITLE: TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: CAMERON RUSSEN
STREET ADDRESS: 11188 SCHOONER CT	CITY-ST-ZIP: JACKSONVILLE FL 32225	3.2 NAME: 4317 HARBOUR ISLAND DRIVE	3.3 STREET ADDRESS: JACKSONVILLE FL 32225
TITLE: T <input checked="" type="checkbox"/> DELETE	NAME: SUTTON, JODY	4.1 TITLE: SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: ANN FROELICH
STREET ADDRESS: 4221 HARBOUR ISLAND DR	CITY-ST-ZIP: JACKSONVILLE FL	4.2 NAME: 11188 SCHOONER COURT	4.3 STREET ADDRESS: JACKSONVILLE, FL. 32225
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	5.3 STREET ADDRESS:
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	6.3 STREET ADDRESS:
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:
STREET ADDRESS:	CITY-ST-ZIP:	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: *Maitlon R Sutton* Date: **3/15/99**

CR2E037 (11/98)