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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N28853 (2)**  
1. Corporation Name  
**HOMEPORT HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**8460 GULF BLVD. NAVARRE BEACH FL 32566**      **8460 GULF BLVD. NAVARRE BEACH FL 32566**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/13/1988** 3a. Date of Last Report **06/23/1994**

4. FEI Number **NOT APPLICABLE** 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

9. Name and Address of Current Registered Agent  
**ELTZ, KATHLEEN  
8460 GULF BLVD. #302  
NAVARRE BEACH FL 32566**

10. Name and Address of New Registered Agent  
81 Name **Eltz, Kathleen**  
82 Street Address (P.O. Box Number is Not Acceptable) **8460 GULF BLVD**  
83  
84 City **Navarre Beach** FL 85 Zip Code **32566**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>DAVITT, TRACY</b>
STREET ADDRESS	<b>1472 HOMEPORT DR.</b>
CITY-ST-ZIP	<b>NAVARRE BEACH FL 32566</b>
TITLE	<b>V</b>
NAME	<b>MARSH, GLEN</b>
STREET ADDRESS	<b>10 CHANDELLE LANE</b>
CITY-ST-ZIP	<b>WILIAMSON GA 30292</b>
TITLE	<b>ST</b>
NAME	<b>BURCHFIELD, RONNIE</b>
STREET ADDRESS	<b>1488 HOMEPORT DR.</b>
CITY-ST-ZIP	<b>NAVARRE BEACH FL 32566</b>
TITLE	<b>D</b>
NAME	<b>TANFIELD, NOREEN</b>
STREET ADDRESS	<b>HOMPORT DR.</b>
CITY-ST-ZIP	<b>NAVARRE BEACH FL 32566</b>
TITLE	<b>D</b>
NAME	<b>EVANS, BOB</b>
STREET ADDRESS	<b>1444 HOMEPORT DR.</b>
CITY-ST-ZIP	<b>NAVARRE BEACH FL 32566</b>
TITLE	<b>D</b>
NAME	<b>KELLY, BARBARA</b>
STREET ADDRESS	<b>13314 N. 26TH ST.</b>
CITY-ST-ZIP	<b>STILLWATER MN 55082</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Barbara Kelly</b>
1.3 STREET ADDRESS	<b>13314 N. 26TH ST</b>
1.4 CITY-ST-ZIP	<b>Stillwater, MN 55082</b>
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 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	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Kathleen, Eltz</b>
6.3 STREET ADDRESS	<b>8460 GULF BLVD</b>
6.4 CITY-ST-ZIP	<b>Navarre Beach, FL 32566</b>

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)(b), 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: Kathleen Eltz Kathleen Eltz 2-23-95 904-939-2311