

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **10/13/1988**
3a. Date of Last Report: **03/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **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

9. Name and Address of Current Registered Agent: **ELTZ, KATHLEEN 8460 GULF BLVD NAVARRE BEACH FL 32566**
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code **FL**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and the corporation (NOTE: Registered Agent signature requires witness)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE: P	KELLY, BARBARA 13314 N. 26TH STREET STILLWATER MN	1.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Burt, Benny P.O. Box 1631 Bicutor, AL 36427
TITLE: V	MARSH, GLEN 10 CHANDELLE LANE WILLIAMSON GA 30292	2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Burt, Benny 1470 Homeport Dr Navarre Beach, FL 32566
TITLE: ST	BURCHFIELD, RONNIE 1488 HOMEPORT DR. NAVARRE BEACH FL 32566	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	TANFIELD, NOREEN HOMEPORT DR. NAVARRE BEACH FL 32566	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	000001763830 -04/01/96--01016--001 ***61.25
TITLE: D	EVANS, BOB 1444 HOMEPORT DR. NAVARRE BEACH FL 32566	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	ELTZ, KATHLEEN 8460 GULF BLVD NAVARRE BEACH FL	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	M.M. 3-29-96

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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: **3-12-96**
DATE: _____
DAYTIME PHONE #: **939-2311**
DAYTIME PHONE # _____

CR2E037 (12/95)