

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32566-7224
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3. Date Incorporated or Qualified 10/13/1988	3a. Date of Last Report 03/29/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 6052 Navarre Pkwy
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27 # 321
City & State 23	City & State 28 Navarre, FL
Zip 24	Country 29 32566 30 USA

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Kathleen Eltz
82 Street Address (P.O. Box Number is Not Acceptable) 7490 White Sands Blvd #1
83
84 City Navarre Beach FL
85 Zip Code 32566

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: Kathleen Eltz
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, BARBARA 13314 N. 26TH STREET STILLWATER MN	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARSH, GLEN 10 CHANDELLE LANE WILIAMSON GA 30292	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BURCHFIELD, RONNIE 1488 HOMEPORT DR. NAVARRE BEACH FL 32566	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURT, BENNY 1470 HOMEPORT DR. NAVARRE BEACH FL 32566	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, BOB 1444 HOMEPORT DR. NAVARRE BEACH FL 32566	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELTZ, KATHLEEN 8460 GULF BLVD NAVARRE BEACH FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	T BARBARA KELLY 13314 N. 26TH STREET STILLWATER, MN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP CHARLES ROUNTREE 1404 HOMEPORT DR. NAVARRE BEACH, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	P BOB EVANS 1444 HOMEPORT DR. NAVARRE BEACH, FL 32566	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D JAN DUPUIS 1415 HOMEPORT DR. NAVARRE BEACH, FL 32566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D ROBERT MCCABE 1450 HOMEPORT DR. NAVARRE BEACH, FL 32566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: KATHLEEN ELTZ **REQUIRED, DIRECTOR 4/25/97** **904.999.8300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0074230

CR2E037 (9/96)