

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 8400 GULF BLVD. NAVARRE BEACH FL 32566	Mailing Address 8652 NAVARRE PKWY #321 NAVARRE BEACH FL 32566 US
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3. Date Incorporated or Qualified 10/13/1988	Applied For
4. FEI Number NOT APPLICABLE	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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**ELTZ, KATHLEEN
 7480 WHITE SANDS BLVD #1
 NAVARRE BEACH FL 32566**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	KELLY, BARBARA
STREET ADDRESS	13314 N. 28TH STREET
CITY-ST-ZIP	STILLWATER MN
TITLE	VP <input type="checkbox"/> DELETE
NAME	ROUNTREE, CHARLES
STREET ADDRESS	1484 HOMEPORT DR
CITY-ST-ZIP	NAVARRE BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DUPUIS, JAN
STREET ADDRESS	1415 HOMEPORT DR
CITY-ST-ZIP	NAVARRE BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCCABE, ROBERT
STREET ADDRESS	1450 HOMEPORT DR
CITY-ST-ZIP	NAVARRE BEACH FL
TITLE	P <input type="checkbox"/> DELETE
NAME	EVANS, BOB
STREET ADDRESS	1444 HOMEPORT DR.
CITY-ST-ZIP	NAVARRE BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ELTZ, KATHLEEN
STREET ADDRESS	8400 GULF BLVD
CITY-ST-ZIP	NAVARRE BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Patrick Lanza
1.3 STREET ADDRESS	1100 Ft. Pickens Rd
1.4 CITY-ST-ZIP	Pensacola, FL 32561
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *[Handwritten Signature]* **Alia** **67-930-5753**

CR2E037 (1097)