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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N28853

1. Corporation Name
HOMEPORT HOMEOWNERS' ASSOCIATION, INC.

* 4 7 473607³ - 90105 - 20⁸ / *

Principal Place of Business: 8460 GULF BLVD. NAVARRE BEACH FL 32566
 Mailing Address: 8652 NAVARRE PKWY #321 NAVARRE BEACH FL 32566 US



2. Principal Place of Business 21 1804 Prado Street Suite, Apt. #, etc. 22 City & State 23 Navarre FL Zip 24 32566	2a. Mailing Address 26 P.O. Box 5069 Suite, Apt. #, etc. 27 City & State 28 Navarre FL Zip 29 32566	3. Date Incorporated or Qualified 10/13/1988	4. FEI Number 59-3248374 NOT APPLICABLE Applied For 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
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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 Tom Vatter 82 Street Address (P.O. Box Number is Not Acceptable) 1440 Homeport Drive 83 84 City Navarre Beach FL 85 Zip Code 32566
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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: Thomas Vatter (Pres) DATE: 4/27/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T LANZA, PATRICK 1100 FT PICKENS RD PENSACOLA FL 32561	<input type="checkbox"/> DELETE	1.1 TITLE S/T 1.2 NAME Lanza, Patrick 1.3 STREET ADDRESS 1100 FT Pickens Rd 1.4 CITY-ST-ZIP Pensacola, FL 32561	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP ROUNTREE, CHARLES 1464 HOMEPORT DR NAVARRE BCH FL	<input type="checkbox"/> DELETE	2.1 TITLE P/D 2.2 NAME Tom Vatter 2.3 STREET ADDRESS 1440 Homeport Dr 2.4 CITY-ST-ZIP Navarre Beach, FL 32566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D DUPUIS, JAN 1415 HOMEPORT DR NAVARRE BEACH FL	<input type="checkbox"/> DELETE	3.1 TITLE VP/D 3.2 NAME Stack, Greg 3.3 STREET ADDRESS 672-A Nautilus Ct 3.4 CITY-ST-ZIP Ft. Walton Beach FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D MCCABE, ROBERT 1450 HOMEPORT DR NAVARRE BEACH FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P EVANS, BOB 1444 HOMEPORT DR. NAVARRE BEACH FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME Sellers, Fred 5.3 STREET ADDRESS 1423 Homeport Dr 5.4 CITY-ST-ZIP Navarre Beach FL 32566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D ELTZ, KATHLEEN 8460 GULF BLVD NAVARRE BEACH FL	<input type="checkbox"/> DELETE	6.1 TITLE D 6.2 NAME Montiel, Ron 6.3 STREET ADDRESS 1467 Homeport Dr 6.4 CITY-ST-ZIP Navarre Beach FL 32566	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: Thomas Vatter (Pres) DATE: 4/27/99 DAYTIME PHONE #: 850-939-3325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)