## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 04, 2004 8:00 am DOCUMENT # N28853 **Secretary of State** 1. Entity Name 02-04-2004 90051 017 \*\*\*\*61.25 HOMEPORT HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 8160 NAVARRE PKWY NAVARRE FL 32566 P.O. BOX 5069 NAVARRE FL 32566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE City & State City & State 4. FEI Number Applied For 59-3248374 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEAHANE, TIM 1466 HOMEPORT DR. NAVARRE BEACH FL 32566 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DIRECTOR & SECRETARY ☑ Delete TITLE TITLE Change Addition MONTEL, RON ECKERT, FRANCES NAME NAME 1467 HOMEPORT DR 1406 HOMEPORT DR. STREET ADDRESS STREET ADDRESS NAVARRE FL 32566 CITY-ST-ZIP CITY-ST-ZIP NAVARRE BEACH FL 32566 DIRECTOR ☐ Change Addition TITLE Delete TITLE ECKERT DONALD 1406 HOMEPORT DR MONTIEL, LORRI NAME NAME 1467 HOME PORT DR STREET ADDRESS STREET ADDRESS NAVARRE FL 32566 CITY-ST-7IP CITY-ST-ZIP NAVARRE BEACH FL Delete T)TI F TREASURER. TITLE ☐ Change DUPUIS, JANICE M 1415 HOMEPORT DR DAVITT, JOHN -- --NAME NAME 1472 HOMEPORT DR STREET ADDRESS STREET ADORESS NAVARREE FL 32566 CITY-ST-ZIP CITY-ST-ZIP AVARRE BEACH FL RESIDENT ☐ Delete Change TITLE TITLE ☐ Addition CAMPBELL, LINDA CAMPBELL, LINDA NAME NAME 1448 HOMEPORT DR 1448 HOMEPORT DR STREET ADDRESS STREET ADDRESS NAVARRE BEACH FL 32566 CITY-ST-ZIP CITY-ST-ZIP LAVARRE BEACH FL Delete Addition TITLE TITLE Change KEOHANE, TIM CAMPBELL, LINN 1448 HOMEPORT DR NAME NAME 1466 HOMEPORT DR. STREET ADDRESS STREET ADDRESS **GULF BREEZE FL 32566** CITY-ST-ZIP CITY-ST-ZIP NAVARRE BEACH FL 32566 BD IRECTOR ☐ Delete TITLE Change Addition BURT, BENJAMIN 1470 HOMEPORT DR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAVARRE BEACH FL 32566 CITY-ST-7IP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED