

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 23, 2005 8:00 am**  
**Secretary of State**

08-23-2005 90009 048 \*\*\*\*61.25



**DOCUMENT # N28853**  
1. Entity Name  
**HOMEPORT HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business  
**8160 NAVARRE PKWY  
NAVARRE FL 32566**

Mailing Address  
**P.O. BOX 5069  
NAVARRE FL 32566  
US**



2. Principal Place of Business  
**127 S. Palafox PL**

Suite, Apt. #, etc.  
**Suite 200**

City & State  
**Pensacola, FL**

3. Mailing Address  
**127 S. Palafox PL**

Suite, Apt. #, etc.  
**Suite 200**

City & State  
**Pensacola, FL**

2nd MOORE CR2E037 (5/05)

4. FEI Number  
**59-3248374**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip **32502** Country **USA**

6. Name and Address of Current Registered Agent  
**ECKERT, FRANCES M  
1406 HOMEPORT DR.  
NAVARRE BEACH FL 32566**

7. Name and Address of New Registered Agent  
Name **Judith McCabe**  
Street Address (P.O. Box Number is Not Acceptable)  
**127 S. Palafox PL, Suite 200**  
**Pensacola**  
City **FL** Zip Code **32502**

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 *Judith McCabe* DATE **7/30/05**

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10.	DS	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>ECKERT, FRANCES 1406 HOMEPORT DR. NAVARRE FL 32566 D</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>ECKERT, DONALD 1406 HOMEPORT DR. NAVARRE FL 32566 T</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DUPUIS, JANICE M 1415 HOMEPORT DR. NAVARRE FL 32566 P</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>CAMPBELL, LINDA 1448 HOMEPORT DR NAVARRE BEACH FL 32566 D</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>CAMPBELL, LINN 1488 HOMEPORT DR. NAVARRE BEACH FL 32566 D</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>BURT, BENJAMIN 1470 HOMEPORT DR. NAVARRE FL 32566 VP</b> <input type="checkbox"/> Delete

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Bill Phillips 1476 HOMEPORT DR NAVARRE, FL 32566</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T David Simpson 1484 HOMEPORT DR NAVARRE, FL 32566</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Jack Forester 480 HOMEPORT DR NAVARRE, FL 32566</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Jack Forester* SECRETARY - Jack Forester - 8/17/05 (850) 932-1019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #