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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51314 (5)

1. Corporation Name

CAPE SAN BLAS TAXPAYERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

CAPE SAN BLAS TAXPAYERS ASSC.
HC1 BOX 326
PT. ST JOE FL 32456
US

CAPE SAN TAXPAYERS ASS
HC1 BOX 326
PT. ST JOE FL 32456-9031
US

3. Date Incorporated or Qualified
10/15/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 4815 CAPE SAN BLAS ROAD
Suite, Apt. #, etc.

26 4815 CAPE SAN BLAS ROAD
Suite, Apt. #, etc.

4. FEI Number
59-3170257

Applied For
Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 32456-4413

25 Gulf

29 32456-4413

30 Gulf

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CURRY, THOMAS L
102 WINDWARD STREET
CAPE SAN BLAS FL

81 Name CAROLYN HOOPER

82 Street Address (P.O. Box Number is Not Acceptable)
4815 CAPE SAN BLAS ROAD

83

84 City Port. St. Joe

FL

85 Zip Code 32456

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 *Carolyn Hooper - Treasurer* CAROLYN HOOPER

DATE April 28, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME MCGEE, WILLIAM
STREET ADDRESS HC1 BOX 344
CITY-ST-ZIP PT. ST JOE FL

1.1 TITLE Change Addition
1.2 NAME PD
1.3 STREET ADDRESS RON MORROW
7075 WINDWARD ST.
1.4 CITY-ST-ZIP PORT ST JOE, FL 32456

TITLE SD DELETE
NAME CURRY, THOMAS
STREET ADDRESS HC1 BOX 326
CITY-ST-ZIP PT ST JOE FL

2.1 TITLE SD Change Addition
2.2 NAME Rod Dodsworth
2.3 STREET ADDRESS HC1 Box 203
2.4 CITY-ST-ZIP Port St Joe, FL 32456

TITLE TD DELETE
NAME HOOPER, CAROLYN
STREET ADDRESS HC 1 BOX 356
CITY-ST-ZIP PORT ST. JOE FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS 4815 CAPE SAN BLAS ROAD
3.4 CITY-ST-ZIP 32456-4413

TITLE VD DELETE
NAME POLANSKY, NANCY
STREET ADDRESS 210 GREAT OAK DR
CITY-ST-ZIP ATHENS GA

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Carolyn Hooper* April 28, 1997

CR2E037 (9/96)