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May 05 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 # N51314 (5)
1. Corporation Name
CAPE SAN BLAS TAXPAYERS ASSOCIATION, INC.
PO Box 544
Port St Joe, FL 32457



Principal Place of Business 4815 CAPE SAN BLAS RD PT. ST JOE FL 32456-4413 US	Mailing Address 4815 CAPE SAN BLAS RD HC1 BOX 326 PT. ST JOE FL 32456-4413 US
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3. Date Incorporated or Qualified
10/15/1992

4. FEI Number
59-3170257

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21	26 PO Box 544
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28 Port St Joe
Zip	Country
24	29 32457
	30 Gulf

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**HOOPER, CAROLYN
4815 CAPE SAN BLAS RD
CAPE SAN BLAS FL 32456
Port St. Joe, FL 32456-4413**

10. Name and Address of New Registered Agent

81 Name	HOOPER, CAROLYN
82 Street Address (P.O. Box Number Is Not Acceptable)	4815 CAPE SAN BLAS RD
83	
84 City	Port St. Joe
85 Zip Code	FL 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 officer 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	PD MORROW, RON	<input checked="" type="checkbox"/> DELETE
NAME	7075 WINDWARD ST.	
STREET ADDRESS	PT. ST JOE FL	
CITY-ST-ZIP		
TITLE	SD DODSWORTH, ROD	<input checked="" type="checkbox"/> DELETE
NAME	HC 1, BOX 203	
STREET ADDRESS	PT ST JOE FL	
CITY-ST-ZIP		
TITLE	TD HOOPER, CAROLYN	<input type="checkbox"/> DELETE
NAME	4815 CAPE SAN BLAS RD.	
STREET ADDRESS	PORT ST. JOE FL 32456-4413	
CITY-ST-ZIP		
TITLE	I	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
4.2 NAME	PD William McGee
4.3 STREET ADDRESS	6062 ANCHOR LAKE
4.4 CITY-ST-ZIP	Port St Joe, FL 32456
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SD PAT HARRIS
5.3 STREET ADDRESS	4976 CAPE SAN BLAS ROAD
5.4 CITY-ST-ZIP	Port St Joe, FL 32456
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: Carolyn Hooper **CAROLYN HOOPER** 4/25/98 850-229-9336

CFR2037 (10/97)