


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90141 018 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N51314**

1. Corporation Name  
**CAPE SAN BLAS TAXPAYERS ASSOCIATION, INC.**

Principal Place of Business 4815 CAPE SAN BLAS RD PT. ST JOE FL 32456-4413 US	Mailing Address P.O. BOX 544 PT. ST JOE FL 32547 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date incorporated or Qualified <b>10/15/1992</b> 4. FEI Number <b>59-3170257</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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9. Name and Address of Current Registered Agent <b>HOOPER, CAROLYN</b> <b>4815 CAPE SAN BLAS RD</b> <b>PORT ST. JOE FL 32456</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MCGEE, WILLIAM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6062 ANCHOR LANE	1.2 NAME	
STREET ADDRESS	PT. ST JOE FL 32456	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD HARRIS, PAT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4976 CAPE SAN BLAS ROAD	2.2 NAME	
STREET ADDRESS	PT ST JOE FL 32456	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD HOOPER, CAROLYN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4815 CAPE SAN BLAS RD.	3.2 NAME	
STREET ADDRESS	PORT ST. JOE FL 32456	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Carolyn Hooper SIGNATURE REQUIRED: CAROLYN HOOPER Date: 3/8/99 Daytime Phone #: 850-229-9336

CR2E037 (1/98)