

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000003725 (9)

1. Corporation Name

DELUNA POINT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1388 COUNTRY CLUB RD.  
GULF BREEZE FL 32561

Mailing Address

1388 COUNTRY CLUB RD.  
GULF BREEZE FL 32561

3. Date Incorporated or Qualified  
08/13/1993

3a. Date of Last Report  
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOODY, SUSAN L  
1388 COUNTRY CLUB RD.  
GULF BREEZE FL 32561

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME RINKE, ROBERT  
STREET ADDRESS 1101 GULF BREEZE PKWY.  
CITY-ST-ZIP GULF BREEZE FL 32561

1.1 TITLE President ☐ Change ☒ Addition  
1.2 NAME Jack Khorrani  
1.3 STREET ADDRESS 2319 W. Fairfield Dr.  
1.4 CITY-ST-ZIP Pensacola, FL 32506

TITLE D ☒ DELETE  
NAME CARPENTER, MILLIE  
STREET ADDRESS 4400 BAYOU BLVD., #34-B  
CITY-ST-ZIP PENSACOLA FL 32501

2.1 TITLE Secretary/Treasurer ☐ Change ☒ Addition  
2.2 NAME David Eppright  
2.3 STREET ADDRESS 16 East Galvez  
2.4 CITY-ST-ZIP Pensacola Beach, FL 32561

TITLE D ☐ DELETE  
NAME BERRY, WILL  
STREET ADDRESS 3342 SANTA ROSA DR.  
CITY-ST-ZIP GULF BREEZE FL 32561

3.1 TITLE Vice President ☒ Change ☐ Addition  
3.2 NAME Will Berry  
3.3 STREET ADDRESS 13 West Galvez  
3.4 CITY-ST-ZIP Pensacola Beach, FL 32561

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE Director ☐ Change ☒ Addition  
4.2 NAME Carl Gosner  
4.3 STREET ADDRESS 1512 Grandville Dr.  
4.4 CITY-ST-ZIP Winter Park, FL 32789

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)