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FILED  
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 # 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 32561-3471



3. Date Incorporated or Qualified  
08/13/1993

3a. Date of Last Report  
04/10/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number  
59-3237935

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ST  
NAME EPPRIGHT, DAVID  
STREET ADDRESS 16 EAST GALVEZ  
CITY-ST-ZIP PENSACOLA BEACH FL

2.1 TITLE T  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V  
NAME BERRY, WILL  
STREET ADDRESS 13 WEST GALVEZ  
CITY-ST-ZIP PENSACOLA BEACH FL

3.1 TITLE D  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE P  
NAME KHORRAM, JACK  
STREET ADDRESS 2319 W FAIRFIELD DR  
CITY-ST-ZIP PENSACOLA FL

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

TITLE D  
NAME COSNER, CARL  
STREET ADDRESS 1512 GRANDVILLE DR  
CITY-ST-ZIP WINTER PARK FL

5.1 TITLE Secretary  
5.2 NAME William Dempsey  
5.3 STREET ADDRESS 13 West Galvez  
5.4 CITY-ST-ZIP Pensacola Beach, FL 32561

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE V  
6.2 NAME Kent Nichols  
6.3 STREET ADDRESS 23 E. Galvez  
6.4 CITY-ST-ZIP Pensacola Beach, FL 32561

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

4/22/97 104422 9222

CR2E037 (9/96)