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Feb 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 752172 (7)  
1. Corporation Name  
DELEON SHORES COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address  
1 LADYFISH ST 1 LADYFISH ST  
PONTE VEDRA FL 32082 PONTE VEDRA FL 32082-2029  
US US

3. Date Incorporated or Qualified 04/24/1980 3a. Date of Last Report 03/28/1996

2. Principal Place of Business 21 17 DRUM PL Suite, Apt. #, etc. 22 City & State 23 PONTE VEDRA, FL Zip Country 24 32082 25 US	2a. Mailing Address 26 17 DRUM PL Suite, Apt. #, etc. 27 City & State 28 PONTE VEDRA, FL Zip Country 29 32082 30 US	4. FEI Number 59-2137843 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent HAUCK, EDRA 1 LADYFISH ST PONTE VEDRA FL 32082	10. Name and Address of New Registered Agent 81 Name DOLAN, RONALD 82 Street Address (P.O. Box Number is Not Acceptable) 17 DRUM PLACE 83 84 City PONTE VEDRA FL 85 Zip Code 32082
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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 R. Dolan RONALD DOLAN PRESIDENT 2/9/97 DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE V <input type="checkbox"/> DELETE	NAME WEINBURGER, JOSEPH	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME DECKER, DAVID E.
STREET ADDRESS 10 BONITA DR	CITY-ST-ZIP PONTE VEDRA FL	1.2 NAME	DOLPHIN BLVD
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP PONTE VEDRA FL	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME MULLAN, CATHERINE
TITLE VD <input checked="" type="checkbox"/> DELETE	NAME FORTMANN, EVELYN	2.2 NAME	4 DOLPHIN BLVD
STREET ADDRESS 121 BLUEFISH AVE	CITY-ST-ZIP PONTE VEDRA FL	2.3 STREET ADDRESS	PONTE VEDRA FL
2.4 CITY-ST-ZIP	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME	DOLAN, RONALD
TITLE PD <input type="checkbox"/> DELETE	NAME HAUCK, EDRA	3.3 STREET ADDRESS	17 DRUM PLACE
STREET ADDRESS 1 LADYFISH ST	CITY-ST-ZIP PONTE VEDRA FL	3.4 CITY-ST-ZIP	PONTE VEDRA FL
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME	4.3 STREET ADDRESS	WORK, JAMES P.
4.4 CITY-ST-ZIP	4.5 STREET ADDRESS	4.6 CITY-ST-ZIP	69 DOLPHIN BLVD EAST
TITLE V <input type="checkbox"/> DELETE	NAME FORTMANN, EVELYN	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME JONES, HORACE E.
STREET ADDRESS 5 BLUEFISH AVE	CITY-ST-ZIP PONTE VEDRA FL	5.2 NAME	68 DOLPHIN BLVD EAST
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME LINDA WILTENIR
6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	27 MACKENAL ST.
6.4 CITY-ST-ZIP			PONTE VEDRA FL

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: R. Dolan RONALD DOLAN 8 JAN 97 (904) 285-8560  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001115

CR2E037 (9/96)