

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K05854 (0)

1. Corporation Name

HOMEPORT OF NAVARRE BEACH, INC.

Principal Place of Business

1697 HWY 98W
493 MARKER COVE
MARY ESTHER FL 32569
US

Mailing Address

1697 HWY 98W
493 MARKER COVE
MARY ESTHER FL 32569
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1987

3a. Date of Last Report

05/27/1994

4. FEI Number

59-4828421

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

2. Principal Place of Business

21 2 DAVID ST

2a. Mailing Address

26 2 DAVID STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 C

27 "C"

City & State

City & State

23 Ft Walton FL

28 Ft Walton, FL

Zip

Country

24 32547 25 ULS

29 32547 30 ULS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, W. DOUGLAS
493 MARKER COVE
MARY ESTHER FL 32569

81 Name

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

83 2 David St "C"

84 Ft Walton

FL

85 Zip Code

32547

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VDS
NAME	HARRIS, W. DOUGLAS
STREET ADDRESS	1697 HWY 98W
CITY - ST - ZIP	MARY ESTHER FL
TITLE	P
NAME	HARRIS, BRENDA W.
STREET ADDRESS	1697 HWY 98W
CITY - ST - ZIP	MARY ESTHER FL
TITLE	T
NAME	HARRIS, W. DOUGLAS
STREET ADDRESS	1697 HWY 98 W
CITY - ST - ZIP	MARY ESTHER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	2 DAVID ST "C"
4. CITY - ST - ZIP	Ft Walton FL 32547
21. TITLE	☒ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	2 DAVID ST "C"
24. CITY - ST - ZIP	Ft WALTON, FL 32547
31. TITLE	☒ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	2 DAVID ST "C"
34. CITY - ST - ZIP	Ft WALTON, FL 32547
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	☐ Change ☐ Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	☐ Change ☐ Addition
62. NAME	
63. STREET ADDRESS	
64. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Brenda W. Harris Brenda Harris 4-27-95 904-8631995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #