

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 # **N07549** (1)

1. Corporation Name
HARBOUR ISLAND COMMUNITY ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 11061 JACKSONVILLE FL 32239
Mailing Address: P.O. BOX 11061 JACKSONVILLE FL 32239

3. Date Incorporated or Qualified: **02/07/1985**
3a. Date of Last Report: **06/08/1995**
4. FEI Number: **59-2897612**
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent
**SUTTON, JODY
4221 HARBOUR ISLAND DR
JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State, and 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: *Russell G. Cameron* [RUSSELL G CAMERON] DATE: **2/27/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAMERON, RUSS	
STREET ADDRESS	4317 HARBOUR ISLAND DR	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOON, LUISE M	
STREET ADDRESS	4206 HARBOUR ISLAND DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FROSLICH, ED	
STREET ADDRESS	11188 SCHOONER CT	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SUTTON, JODY	
STREET ADDRESS	4221 HARBOUR ISLAND DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MR. TOM WASHBURN (PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	4330 HARBOUR ISLAND DR.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	
2.1 TITLE	SGT. V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MR. JIM WHITE	
2.3 STREET ADDRESS	4331 HARBOUR ISLAND DR.	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	
3.1 TITLE	VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MRS. DEBBY NIX	
3.3 STREET ADDRESS	4308 HARBOUR ISLAND DR.	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Russell G. Cameron* [RUSSELL G CAMERON] DATE: **2/27/96** DAYTIME PHONE #: **904-641-2957**

CR2E037 (12/95)