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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
P.O. BOX 11061 JACKSONVILLE FL 32239 P.O. BOX 11061 JACKSONVILLE FL 32239-1061

3. Date Incorporated or Qualified 02/07/1985 3a. Date of Last Report 03/06/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 4221 HARBOUR ISLAND DR.
22 City & State 27 JACKSONVILLE, FL
23 Zip 24 32225 Country 29 USA 30

4. FEI Number 59-2897612 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
SUTTON, JODY
4221 HARBOUR ISLAND DR
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent
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 Jody Sutton DATE 1/16/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	CAMERON, RUSS	1.2 NAME	
STREET ADDRESS	4317 HARBOUR ISLAND DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32225	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	
NAME	HOON, LUISE M	2.2 NAME	
STREET ADDRESS	4208 HARBOUR ISLAND DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	
NAME	FROSLICH, ED	3.2 NAME	
STREET ADDRESS	11188 SCHOONER CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32225	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	
NAME	SUTTON, JODY	4.2 NAME	
STREET ADDRESS	4221 HARBOUR ISLAND DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: Jody Sutton DATE: 1/16/97 904 645 7892

CR2E037 (9/96)