## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Mar 26 1998 8:00am

Secretary of State

3. Date Incorporated or Qualified

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

Principal Place of Business

JACKSONVILLE FL 32239

P.O. BOX 11061

(1)

Mailing Address

4221 HARBOUR ISLAND DR

JACKSONVILLE FL 32225

HARBOUR ISLAND COMMUNITY ASSOCIATION, INC.

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											4.	. FEI Number			L	Ap	plied For	
												59-2897612				Not Applicable		
2. Principal Place of Business 21					28. Mailing Address					5.	. Certificate of Status Des	ired				dditional guired		
Sulte, Apt. #, etc.					Suite, Apt. #, etc.					6.	. Election Campaign Finar	ncina				lay Be		
22				12	27					`	Trust Fund Contribution	, On . O			ded to			
City & State	.e				City & State					7.	Is this nonprofit corporati	ion a h	omeowne					
23				2	28							The former residence of the first		The state of the s	□ No			
Zip	Country Zip							Countr	ry		8.	This corporation owes or	has p	ald the cu	rrent yea	ar Inte	ıngible	
24 25 29							30	30				Personal Property Tax due June 30.  Yes No						
9. Name and Address of Current Registered Agent											10. Name and Address of New Registered Agent							
										Name								
SUTTON, JODY								8:	82 Street Address (P.O. Box Number Is Not Acceptable)									
4221 HARBOUR ISLAND DR								Sirosi Addiosi			101600 (1	F.O. DOX PIORIDOLIO NOCES	ساطهمانا	Uloj				
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office or re	regi <b>ste</b> red ac	aent.	, or both, in the	e State of Fi	lorida.	7.1508, Florida St a. Such change w Section 617.0503	vas autho	orized b	ov t	the corpora	orporatio ration's t	on submits this statement f board of directors. I hereb	or the y acce	purpose c	of changi pointmer	ing its	registered egistered	
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SIGNATURE _	Signature, type-	d or pr	rinted name of registe	lered agent and	d title if /	applicable.	(NOTE: Re	alstered Ar	pent	t signature requ	aulred when	n reinslating)		DATE				
12.				RS AND DI		<u> </u>		13.	<u> </u>			ADDITIONS/CHANGES TO	OFF		D DIREC	TORS	3 IN 12	
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indicated of	on this annu	ual re	eport or supple	emental ann	nual re	enort is true and	accurat	te and th	hat	t my signate	iture sha	all have the same legal effe	ect as i	if made ur	nder oath	h: that	aman	
officer or o	director of the or Block 13	if ch	angeration or the	ne receiver in attachme	or tru: ent wi:	stee empowered th an address.	d to exec	cute this	re:	port as rec	quired t	by Chapter 617, Florida St	atutes;	and that	my name	e app	ears in	
Dioon is a	J. D. D		3,00	1	A 14	7						A / a //	^ -	7	04			