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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90130 006 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N07549

1. Corporation Name
HARBOUR ISLAND COMMUNITY ASSOCIATION, INC.

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| Principal Place of Business P.O. BOX 11061 JACKSONVILLE FL 32239 | Mailing Address 4221 HARBOUR ISLAND DR JACKSONVILLE FL 32225 US |
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| 2. Principal Place of Business 21 4221 Harbour Is. DR. | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 02/07/1985 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2897612 |
| City & State 23 Jacksonville FL | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 32225 | Country 25 USA | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| Zip 29 | Country 30 | |

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| 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 MAITLON R SUTTON 82 Street Address (P.O. Box Number is Not Acceptable) 4221 HARBOUR IS DR 83 84 City JACKSONVILLE FL 85 Zip Code 32225 |
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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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **3/15/99**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE <input checked="" type="checkbox"/> DELETE | PD CAMERON, RUSS 4317 HARBOUR ISLAND DR JACKSONVILLE FL 32225 | 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | PD MAITLON R SUTTON 4221 HARBOUR IS DR JACKSONVILLE, FL 32225 |
| TITLE <input type="checkbox"/> DELETE | S HOON, LUISE M 4206 HARBOUR ISLAND DR JACKSONVILLE FL | 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | VD JOHN BAILEY 4225 HARBOUR ISLAND DR. JACKSONVILLE, FL 32225 |
| TITLE <input checked="" type="checkbox"/> DELETE | VD FROSLICH, ED 11188 SCHOONER CT JACKSONVILLE FL 32225 | 3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TD CAMERON RUSSEN 4317 HARBOUR ISLAND DRIVE JACKSONVILLE FL 32225 |
| TITLE <input checked="" type="checkbox"/> DELETE | T SUTTON, JODY 4221 HARBOUR ISLAND DR JACKSONVILLE FL | 4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | SD ANN FROELICH 11188 SCHOONER COURT JACKSONVILLE, FL 32225 |
| TITLE <input type="checkbox"/> DELETE | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE <input type="checkbox"/> DELETE | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* Date: **3/15/99**

CR2E037 (11/98)