

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:05

DOCUMENT # N07620 (0)

1. Corporation Name  
NORTH SHORES IMPROVEMENT ASSOCIATION

Principal Place of Business Mailing Address  
C/O MARY LOU MCEVER  
514 BOATING CLUB ROAD  
ST. AUGUSTINE FL 32095-2954

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/13/1985	3a. Date of Last Report 05/01/1994
4. FEI Number 59-6552959	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
Country	30

9. Name and Address of Current Registered Agent  
BONNER, GAYNELL K.  
401 BOATING CLUB RD  
ST AUGUSTINE FL 32095

10. Name and Address of New Registered Agent	
81 Name BROWN, William T.	85 Zip Code 32095
82 Street Address (P.O. Box Number is Not Acceptable) 2748 LOJA ST.	
83 ST.	
84 City ST. AUGUSTINE	

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 William T. Brown, P William T. Brown 2/10/95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS	
TITLE VP	BRUNER, DAVID 39 FERROL RD ST. AUGUSTINE FL
TITLE S	GRILLO, YVONNE 110 OCEAN HOLLOW LN ST. AUGUSTINE FL
TITLE P	BONNER, GAYNELL 401 BOATING CLUB RD ST. AUGUSTINE FL
TITLE T	GANZEL, NEIL 4369 PALM ST ST. AUGUSTINE FL
TITLE D	KUTZER, MEL 5385 COASTAL HWY #7 ST. AUGUSTINE FL
TITLE D	MCEVER, MARY LOU 514 BOATING CLUB ROAD ST AUGUSTINE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME DILBECK, ELAINE	
1.3 STREET ADDRESS 128 OAK AVE.	
1.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32095	
2.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME BERWICK, JOHN	
2.3 STREET ADDRESS 114 5th ST.	
2.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32095	
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME BROWN, William T.	
6.3 STREET ADDRESS 2748 LOJA ST.	
6.4 CITY-ST-ZIP ST. AUGUSTINE, FL 32095	

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 110.07(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: William T. Brown William T. Brown 2/10/95 904-829-8252  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)