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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 32095-2854
C/O MARY LOU MCEVER
514 BOATING CLUB ROAD
ST. AUGUSTINE FL 32095-1544

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 90 Elaine Dilbeck		26 90 Elaine Dilbeck		02/13/1985	03/17/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 128 OAK AVENUE		27 128 OAK AVENUE		59-6552959	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 ST. AUGUSTINE FL		28 ST. AUGUSTINE FL		<input checked="" type="checkbox"/> <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 32095	25 St. Johns	29 32095	30 St. Johns		

9. Name and Address of Current Registered Agent
BROWN, WILLIAM T
2748 LOJA ST
ST AUGUSTINE FL 32095

10. Name and Address of New Registered Agent
81 Name
DILBECK, ELAINE
82 Street Address (P.O. Box Number is Not Acceptable)
128 OAK AVE
83
84 City
ST. AUGUSTINE FL
85 Zip Code
32095

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 Elaine Dilbeck Elaine Dilbeck, President 1-10-97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	VP	<input type="checkbox"/>
NAME	DILBECK, ELAINE	
STREET ADDRESS	128 OAK AVE	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	S	<input type="checkbox"/>
NAME	BERWICK, JOHN	
STREET ADDRESS	114 5TH ST	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	BONNER, GAYNELL	
STREET ADDRESS	401 BOATING CLUB RD	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	T	<input type="checkbox"/>
NAME	RINDERKNECHT, JANINE	
STREET ADDRESS	3780 MYRTLE ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	D	<input type="checkbox"/>
NAME	MCEVER, MARY LOU	
STREET ADDRESS	5385 COASTAL HWY #7	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	P	<input type="checkbox"/>
NAME	BROWN, WILLIAM T	
STREET ADDRESS	2748 LOJA ST	
CITY-ST-ZIP	ST AUGUSTINE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	GUARNIERI, LYNDIA		
2.3 STREET ADDRESS	410 23rd ST.		
2.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32095		
3.1 TITLE	V-PRES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	NORTON, ERIC		
3.3 STREET ADDRESS	2873 COASTAL HWY		
3.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32095		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 Elaine Dilbeck Elaine Dilbeck President 1-10-97

CR2E037 (9/96)