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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07620** (0)

1. Corporation Name

NORTH SHORES IMPROVEMENT ASSOCIATION

Principal Place of Business

Mailing Address

C/O ELAINE DILBECK
128 OAK AVENUE
ST AUGUSTINE FL 32095
US

C/O ELAINE DILBECK
128 OAK AVENUE
ST AUGUSTINE FL 32095
US



3. Date Incorporated or Qualified

02/13/1985

4. FEI Number

59-6552959

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

21 175 Meadow Avenue

Suite, Apt. #, etc.

22

City & State
23 St. Augustine, FL

Zip

24 32095

Country

25 St. Johns

2a. Mailing Address

26 90 Blaine Dilbeck

Suite, Apt. #, etc.

27 128 Oak Ave.

City & State
28 St. Augustine, FL

Zip

29 32095

Country

30 St. Johns

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DILBECK, ELAINE
128 OAK AVE
ST AUGUSTINE FL 32095**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **DILBECK, ELAINE**
STREET ADDRESS **128 OAK AVE**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE **Director** ☐ DELETE

NAME **GUARNIER, LYNDIA John**
STREET ADDRESS **410 23RD ST**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **VP** ☐ DELETE

NAME **NORTON, ERIC**
STREET ADDRESS **2873 COASTAL HIGHWAY**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **Secretary** ☐ DELETE

NAME **RINDERKNECHT, JANINE**
STREET ADDRESS **3780 MYRTLE ST.**
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE **D** ☐ DELETE

NAME **MCEVER, MARY LOU**
STREET ADDRESS **5385 COASTAL HWY #7**
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE **Treasurer** ☐ DELETE

NAME **BROWN, WILLIAM T**
STREET ADDRESS **2748 LOJA ST**
CITY-ST-ZIP **ST AUGUSTINE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Elaine Dilbeck

Jan. 22, 1998 904-829-8380

CF2E037 (10/97)