

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90038 041 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N07620**

1. Corporation Name  
**NORTH SHORES IMPROVEMENT ASSOCIATION**

106758 - 90038 - 41



Principal Place of Business  
 175 MEADOW AVE  
 128 OAK AVENUE  
 ST AUGUSTINE FL 32095  
 US

Mailing Address  
 C/O BLAINE DILBECK  
 128 OAK AVE  
 ST AUGUSTINE FL 32095  
 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/13/1985</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-6552959</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DILBECK, ELAINE 128 OAK AVE ST AUGUSTINE FL 32095				81	Name <b>VIVIAN BROWNING</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>50 BEACH COMBER WAY</b>		
				83			
				84	City <b>ST. AUGUSTINE</b>	85	FL

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 JOHN GUARNIERI - TREAS DATE 1-12-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DILBECK, ELAINE</b>	1.2 NAME	<b>VIVIAN BROWNING</b>
STREET ADDRESS	<b>128 OAK AVE</b>	1.3 STREET ADDRESS	<b>50 BEACHCOMBER WAY</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	1.4 CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32095</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUARNIER, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>410 23RD ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>NORTON, ERIC</b>	3.2 NAME	
STREET ADDRESS	<b>2873 COASTAL HIGHWAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RINDERKNECHT, JANINE</b>	4.2 NAME	<b>SACHA MARTIN</b>
STREET ADDRESS	<b>3780 MYRTLE ST.</b>	4.3 STREET ADDRESS	<b>133 COASTAL HOLLOW CIR</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>	4.4 CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>MCEVER, MARY LOU</b>	5.2 NAME	
STREET ADDRESS	<b>5385 COASTAL HWY #7</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>BROWN, WILLIAM T</b>	6.2 NAME	<b>LOLA BROTHERTON</b>
STREET ADDRESS	<b>2748 LOJA ST</b>	6.3 STREET ADDRESS	<b>3125 N. COASTAL HWY</b>
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	6.4 CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32095</b>

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 an other like-empowered.

SIGNATURE: SIGNATURE REQUIRED DATE 1-12-99 DAYTIME PHONE # 904-825-6751

CR2E037 (11/98)