FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N21062** **(7)**

1. Corporation Name

SAIL HARBOR PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7419 U.S. HIGHWAY 19 NEW PORT RICHEY FL 34652	7419 U.S. HIGHWAY 19 NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified: 06/09/1987
3a. Date of Last Report: 04/17/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2813388 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CARTER, DAVID R., ESQUIRE
7419 U.S. HIGHWAY 19
NEW PORT RICHEY FL 34652

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WILLIAMS, JAMES 11550 TARPON SPRINGS RD ODESSA FL	☐ DELETE Director Only	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P Richard A. Martin 1522 Mary Lane Tarpon Springs, FL 34689-5232	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GRIFFITH, RICHARD C. 1875 BELLEAIR RD CLAEARWATER FL	☐ DELETE Director Only	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VP Lawrence D. Lindsey 1771 Hampton Lane Palm Harbor, FL 34683-6461	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST CARTER, DAVID R. 7419 U.S. HIGHWAY 19 NEW PORT RICHEY FL	☐ DELETE Director Only	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S Diane L. Marusa 1566 Mary Lane Tarpon Springs, FL 34689-5232	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	T Susan C. Puryear-Lynch 2728 Narcissus Drive Holiday, FL 34691	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	800001770388 -04/05/96--01018--021 ***61.25	☐ Change ☐ Addition

CR2E037 (12/95)

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 119.07(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: _____ 02/19/96 813-846-1828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

David R. Carter, Director