FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39103 (9)

1. Corporation Name

NORTH ISLAND HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~4501 BAYSIDE DRIVE~~ 4596 Bayside Dr. ~~MILTON~~ FL 32583	~~4501 BAYSIDE DRIVE~~ 4596 Bayside Dr. ~~MILTON~~ FL 32583

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1990
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-3019032 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

WILLIAMS, LYNN O
4501 BAYSIDE DR
MILTON 32583

10. Name and Address of New Registered Agent

81 Name: Morgan Hamm
82 Street Address (P.O. Box Number is Not Acceptable): 4508 Bayside Dr.
83: Milton, Fl. 32583
84 City: FL 85 Zip Code

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: Morgan Hamm PD — 05-07-95
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	VD	1.1 TITLE	P D	☒ Change ☐ Addition
NAME	HAMM, MORGAN	1.2 NAME	Morgan Hamm	
STREET ADDRESS	4508 BAYSIDE DRIVE	1.3 STREET ADDRESS	4508 Bayside Dr.	
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	Milton, Fl. 32583	
TITLE	PD	2.1 TITLE	V D	☒ Change ☐ Addition
NAME	WILLIAMS, LYNN O	2.2 NAME	Benny Klock	
STREET ADDRESS	4501 BAYSIDE DR	2.3 STREET ADDRESS	4509 Bayside Dr.	
CITY-ST-ZIP	MILTON FL	2.4 CITY-ST-ZIP	Milton, Fl. 32583	
TITLE	SD	3.1 TITLE	S	☐ Change ☐ Addition
NAME	JERNIGAN, FAYE	3.2 NAME		
STREET ADDRESS	4500 BAYSIDE DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	T D	☒ Change ☐ Addition
NAME	KLOCK, BENNY L	4.2 NAME	Adrienne Doncourt	
STREET ADDRESS	4509 BAYSIDE DRIVE	4.3 STREET ADDRESS	4596 Bayside Dr.	
CITY-ST-ZIP	MILTON FL	4.4 CITY-ST-ZIP	Milton, Fl. 32583	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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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)(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: Adrienne L. Doncourt — 4-f-95 — 904-436-5476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ADRIENNE L. DONCOURT

0072483