

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N39103 (9)**
1. Corporation Name
NORTH ISLAND HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
4596 BAYSIDE DR MILTON FL 32583 **4596 BAYSIDE DR MILTON FL 32583**

3. Date Incorporated or Qualified **07/12/1990** 3a. Date of Last Report **05/15/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

4. FEI Number **59-3019032** Applied For Not Applicable

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

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

24 25 29 30

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

9. Name and Address of Current Registered Agent
**HAMM, MORGAN
4508 BAYSIDE DR
MILTON FL 32583**

10. Name and Address of New Registered Agent
81 Name **DONCOURT, STEPHEN B.**
82 Street Address (P.O. Box Number is Not Acceptable) **4596 BAYSIDE DRIVE**
83
84 City **MILTON** 85 Zip Code **FL 32583**

11. Pursuant to the provisions of Section 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 to 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 *Stephen B. Doncourt* (NOTE: Registered Agent signature required when reinstating) DA *4/8/96*

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAMM, MORGAN	
STREET ADDRESS	4508 BAYSIDE DR	
CITY - ST - ZIP	MILTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DONCOURT, ADRIENNE	
STREET ADDRESS	4596 BAYSIDE DR	
CITY - ST - ZIP	MILTON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JERNIGAN, FAYE	
STREET ADDRESS	4500 BAYSIDE DRIVE	
CITY - ST - ZIP	MILTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KLOCK, BENNY	
STREET ADDRESS	4509 BAYSIDE DR	
CITY - ST - ZIP	MILTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DONCOURT, STEPHEN B.	
13 STREET ADDRESS	4596 BAYSIDE DRIVE	
14 CITY - ST - ZIP	MILTON, FL 32583	
21 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	KLOCK, MILLIE	
23 STREET ADDRESS	4509 BAYSIDE DRIVE	
24 CITY - ST - ZIP	MILTON, FL 32583	
31 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DELVALLE, KEITH	
33 STREET ADDRESS	4521 BAYSIDE DRIVE	
34 CITY - ST - ZIP	MILTON, FL 32583	
41 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	JERNIGAN, STEPHEN	
43 STREET ADDRESS	4504 BAYSIDE DRIVE	
44 CITY - ST - ZIP	MILTON, FL 32583	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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: *Millie Klock* (Millie Klock) Treasurer Date: *3/25/96* Daytime Phone #: *904-994-1728*
***\$61.25
CS 4/11/96

CFR2E037 (12/95)