

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 32583-8422**

3. Date Incorporated or Qualified **07/12/1990** 3a. Date of Last Report **04/11/1996**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-3019032 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

DONCOURT, STEPHEN B
4596 BAYSIDE DR
MILTON FL 32583

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONCOURT, STEPHEN B	1.2 NAME	
STREET ADDRESS	4596 BAYSIDE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOCK, MILLIE	2.2 NAME	
STREET ADDRESS	4509 BAYSIDE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32583	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELVALLE, KEITH	3.2 NAME	S HAMM, MORGAN
STREET ADDRESS	4521 BAYSIDE DRIVE	3.3 STREET ADDRESS	4508 BAYSIDE DRIVE
CITY-ST-ZIP	MILTON FL 32583	3.4 CITY-ST-ZIP	MILTON, FL 32583
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERNIGAN, STEPHEN	4.2 NAME	WILLIAMS, LYNN
STREET ADDRESS	4504 BAYSIDE DR	4.3 STREET ADDRESS	4501 BAYSIDE DRIVE
CITY-ST-ZIP	MILTON FL 32583	4.4 CITY-ST-ZIP	MILTON, FL 32583
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

SIGNATURE REQUIRED

Millie Klock, Treasurer
Millie Klock 3/4/97 904-994-1728

CR2E037 (9/96)