

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N39103 (9)**  
1. Corporation Name  
**NORTH ISLAND HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business <b>4596 BAYSIDE DR MILTON FL 32583</b>		Mailing Address <b>4596 BAYSIDE DR MILTON FL 32583</b>		3. Date Incorporated or Qualified <b>07/12/1990</b>	
				4. FEI Number <b>59-3019032</b>	
				Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business <b>21 4552 Bayside Drive</b>		2a. Mailing Address <b>26 4552 Bayside Drive</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
22 City & State <b>23 Milton, FL</b>		27 City & State <b>28 Milton, FL</b>		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip <b>32583</b>		25 Country <b>US</b>		29 Zip <b>32583</b>	
				30 Country <b>US</b>	

9. Name and Address of Current Registered Agent <b>DONCOURT, STEPHEN B 4596 BAYSIDE DR MILTON FL 32583</b>		10. Name and Address of New Registered Agent <b>81 Name Sid Hite 82 Street Address (P.O. Box Number is Not Acceptable) 4552 Bayside Drive 83 84 City Milton FL 85 Zip Code 32583</b>	
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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 Sid Hite **Sid Hite, President, NIHA, Inc.** **3/23/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DONCOURT, STEPHEN B 4596 BAYSIDE DR MILTON FL 32583</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD Hite, Sid 4552 Bayside Drive Milton, FL 32583</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD KLOCK, MILLIE 4509 BAYSIDE DR MILTON FL 32583</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>TD Vickery, Ellen 4500 Bayside Drive Milton, FL 32583</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HAMM, MORGAN 4508 BAYSIDE DR MILTON FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>S Klock, Millie 4509 Bayside Drive Milton, FL 32583</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WILLIAMS, LYNN 4501 BAYSIDE DR MILTON FL</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>VP Doncourt, Adrian 4596 Bayside Drive Milton, FL 32583</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.  
SIGNATURE: Ellen Vickery **Ellen Vickery, Treasurer, NIHA, Inc. 436-5515** (850)

CR2E037 (10/97)