

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



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

3. Date Incorporated or Qualified
07/12/1990

4. FEI Number 59-3019032	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

2. Principal Place of Business 21 4552 Bayside Drive Suite, Apt. #, etc. 22 City & State 23 Milton, FL Zip 24 32583	2a. Mailing Address 26 4552 Bayside Drive Suite, Apt. #, etc. 27 City & State 28 Milton, FL Zip 29 32583	Country 25 US	Country 30 US
---	--	-------------------------	-------------------------

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes 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 Sid Hite
82 Street Address (P.O. Box Number is Not Acceptable) 4552 Bayside Drive
83
84 City Milton
85 Zip Code FL 32583

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**
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 PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DONCOURT, STEPHEN B		1.2 NAME Hite, Sid	
STREET ADDRESS 4596 BAYSIDE DR		1.3 STREET ADDRESS 4552 Bayside Drive	
CITY-ST-ZIP MILTON FL 32583		1.4 CITY-ST-ZIP Milton, FL 32583	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KLOCK, MILLIE		2.2 NAME Vickery, Ellen	
STREET ADDRESS 4509 BAYSIDE DR		2.3 STREET ADDRESS 4500 Bayside Drive	
CITY-ST-ZIP MILTON FL 32583		2.4 CITY-ST-ZIP Milton, FL 32583	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAMM, MORGAN		3.2 NAME Klock, Millie	
STREET ADDRESS 4508 BAYSIDE DR		3.3 STREET ADDRESS 4509 Bayside Drive	
CITY-ST-ZIP MILTON FL		3.4 CITY-ST-ZIP Milton, FL 32583	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILLIAMS, LYNN		4.2 NAME Doncourt, Adrian	
STREET ADDRESS 4501 BAYSIDE DR		4.3 STREET ADDRESS 4596 Bayside Drive	
CITY-ST-ZIP MILTON FL		4.4 CITY-ST-ZIP Milton, FL 32583	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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)