	FILE NOW: F	ILING FEE IS	S \$61.2!	5				
COF	ONPROFIT RPORATION UAL REPORT 1996		DA DEPARTMEN Sandra B. Mort Secretary of S SION OF CORPO	h.m tae r				
DOCU 1. Corporatio	MENT # N412	271 ((0)					
. `	INA OWNERS ASSOCIA	TION, INC.						
Principal Placi	o of Business	Mailian Adding						
44 DOMITILL PENSACOLA US	A	Mailing Addres: 44 DOMITILLA PENSACOLA F US						
•••		00			3. Date Incorporated or Qualified 12/11/1990	3a. Date of La: 03/23/	st Report 1995]
2. Principal F	lace of Business	2a. Mailing Add	lress		4. FEI Number 59-3068650		Applied For Not Applicable	_
Suite, Apt.	#, etc.	Suite, Apt. 4	⊭, etc.		5. Certificate of Status Desired	1 7	5 Additional Beguired	1
City & Stat 23	е	City & State			Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees	1
Ζιρ 24	Country 25	Zip 29	30	ountry		Yes 🖼 No	s. 199.032,	
	9. Name and Address of Co	urrent Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent	· · · · · · · · · · · · · · · · · · ·	-
PENDLE 44 DOM	TON, RAY			B2 Street Add	ress (P.O. Box Number is Not Acceptable	3)		+
PENSAC	OLA FL 32506			83				$\frac{1}{2}$
				84 City	·	— 85 2	Zip Code	1
11. Pursuant	to the provisions of Sections 617.	0502 and 617.1508, Florid	la Statutes, the al	pove-named corpor	ration submits this statement for the purp rd of directors. I hereby accept the appo	FL ose of changing its	registered office	
ICA-TIPICAL PVI	th, and accept the obligations of,	Section 617.0503, Florida	Statutes.	ecorporation is boa	rd of directors. I hereby accept the appoint	ntment as registere	_	
SIGNATURE	Signature typed or printer name of registered	agent and little if applicable		ed Agent signature require		DATE		100
12. T:[LF	OFFICERS P	S AND DIRECTORS	13 E76	····	ADDITIONS/CHANGES TO OFFICE			Š
NAME	PENDLETON, RAY	רַַןְּטְּנָי		TITLE NAME		Change	Addition	E037 (12/95)
STREET ADDRESS	44 DOMITILLA		1.3	STREET ADDRESS				8
CITY-ST-ZIP TITLE	PENSACOLA FL VP	DEL		CITY-ST-ZIP TITLE		Change	Addition	CR2
NAME	FULTON, JERRY			NAME		Cuange		
STREET ADDRESS	301 ALBRITT			STREET ADDRESS				
CITY - ST - ZIP	PENSACOLA FL			CITY-ST-ZIP				
TIFLE NAME	S Kmetz, Sandra Lee	[DEL		TITLE		Change	☐ Addition	
STREET ADDRESS	329 ALBRITT AVE			NAME Street address	60000174 -03/18/36010	FC46		١.
CITY-ST-ZIP	PENSACOLA FL			DITY-ST-ZIP	***81.25	#1030		
TITLE	T	DEL		:TLE	4-4-KO1 , 2J	Change	Addition	1
NAME OTRECT LIDERSON	LUCIER, MARIE 121 BASS LAKE ST			IAME				ŀ
STREFT ADDRESS CITY-ST-ZIP	PENSACOLA FL		4.3					
TITLE	0	DEL	4.4 ETE 5.1	ITY-ST-ZIP ILE		☐ Change	Addition	1
NAME	KMETZ, KENNETH		5.2	ME			_	
STREFT ADDRESS	329 ALBRITT AVE		5.3	REFT ADDRESS				
CITY-ST-ZIP TITLE	PENSACOLA FL D	DEL	5.4 ETE 6.1	TY-ST-ZIP			T Appendix	
NAME	VAN AUSTIN, LEONARD	المادر	62	ME		Change	Addition :	
STREET ADDRESS	320 ALBRITT AVE		63	REET ADDRESS				Ì

PENSACOLA FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished ar certify that the information indicated on this annual report or supplemental annual repo eath; that I am an officer or director of the corporation or the receiver or trustee empo appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: ROLL PRINTED NAME OF SIGNING OFFICER OR DIE

PRESIDENT 1-20-96

Y-ST-ZIP

loes not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further true and accurate and that my signature shall have the same legal effect as if made undered to execute this report as required by Chapter 617, Florida Statutes; and that my name