

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N46539** (5)

1. Corporation Name
NORTH SHORE TOWNHOMES HOMEOWNERS ASSOCIATION, IN C.



Principal Place of Business
**1096 OLD HIGHWAY 98
SUITE C-102B
DESTIN FL 32541
US**

Mailing Address
**P.O. BOX 6417
DESTIN FL 32541
US**

3. Date Incorporated or Qualified **12/19/1991** 3a. Date of Last Report **02/20/1995**

4. FEI Number **59-3103106** Applied For Not Applicable

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

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

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

2. Principal Place of Business 2a. Mailing Address

21 26

22 Suite, Apt. #, etc. 27

23 City & State 28

24 Zip Country 25 29 Zip Country 30

9. Name and Address of Current Registered Agent

~~PUCKETT, JOHN E~~
**1096 OLD HIGHWAY 98
STE C-102B
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name **Leyda R. Lewis**

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 *Judith L Williams* **1/25/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PF	<input checked="" type="checkbox"/> DELETE
NAME	HUDSON, RITA	
STREET ADDRESS	4020 KNOLLWOOD DR	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANTHONY, JACK	
STREET ADDRESS	1400 LAKE HILLS ROAD	
CITY-ST-ZIP	TULLAHOMA TN	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	AYCOCK, CARL	
STREET ADDRESS	129 S. RAILROAD AVE	
CITY-ST-ZIP	BROOKHAVEN MS	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCAFFERTY, MICHAEL	
STREET ADDRESS	1475 SYLVED LANE	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JUDITH	
STREET ADDRESS	2344 RIDGE TRAIL	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Williams, Judith	
1.3 STREET ADDRESS	960 Northshore	
1.4 CITY-ST-ZIP	Destin, FL 32541	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hudson, Rita	
2.3 STREET ADDRESS	P. O. Box 43424	
2.4 CITY-ST-ZIP	Birmingham, AL 35243	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Anderton, Norman	
3.3 STREET ADDRESS	1229 Cedarbell Ln.	
3.4 CITY-ST-ZIP	Birmingham, AL 35216	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Aycock, Carl	
5.3 STREET ADDRESS	P. O. Box 1276	
5.4 CITY-ST-ZIP	Brookhaven, MS 39601	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: *Judith L Williams* **1/25/96** **231-5538**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)