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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N46539 (5)

1. Corporation Name
NORTH SHORE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
1096 OLD HIGHWAY 98 SUITE C-102B DESTIN FL 32541 US
P.O. BOX 6417 DESTIN FL 32541-6417 US

3. Date Incorporated or Qualified 12/19/1991
3a. Date of Last Report 02/07/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3103106 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 Bell, David W.
82 Street Address (P.O. Box Number is Not Acceptable) 1096 Old Highway 98
83 Suite C-102B
84 City Destin FL 85 32541

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 David W. Bell DATE 2/4/97
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 DELETED
NAME WILLIAMS, JUDITH
STREET ADDRESS 960 NORTHSHORE
CITY-ST-ZIP DESTIN FL
TITLE D DELETED
NAME HUDSON, RITA
STREET ADDRESS P O BOX 43424
CITY-ST-ZIP BIRMINGHAM AL
TITLE STD DELETED
NAME ANDERTON, NORMAN
STREET ADDRESS 1229 CEDARDELL LN
CITY-ST-ZIP BIRMINGHAM AL
TITLE D DELETED
NAME MCCAFFERTY, MICHAEL
STREET ADDRESS 1475 SYLVED LANE
CITY-ST-ZIP CINCINNATI OH
TITLE VD DELETED
NAME AYCOCK, CARL
STREET ADDRESS P O BOX 1276
CITY-ST-ZIP BROOKHAVEN MS
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE D Change Addition
2.2 NAME Mickelson, Daniel
2.3 STREET ADDRESS 868 Sherilin Dr.
2.4 CITY-ST-ZIP Kirkwood, MO 63122
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE D Change Addition
4.2 NAME Aycock, Carl
4.3 STREET ADDRESS P. O. Box 1276
4.4 CITY-ST-ZIP Brookhaven, MS 39601 n/a
5.1 TITLE VD Change Addition
5.2 NAME Jager, Charles
5.3 STREET ADDRESS 147 Queensboro Crescent
5.4 CITY-ST-ZIP Birmingham, AL 35223
6.1 TITLE Change 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 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: Judith L. Williams DATE 1/31/97 231-5538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)