

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 02 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 # **N46539** (5)  
1. Corporation Name  
**NORTH SHORE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>1096 OLD HIGHWAY 98 SUITE C-102B DESTIN FL 32541 US</b>	Mailing Address <b>P.O. BOX 6417 DESTIN FL 32541 US</b>
2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 <b>1096 Old Hwy 98</b> 27 <b>Suite C-102B</b> 28 <b>Destin FL</b> 29 <b>32541</b> 30 <b>US</b>

3. Date Incorporated or Qualified <b>12/19/1991</b>
4. FEI Number <b>59-3103106</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**BELL, DAVID W.  
1096 OLD HIGHWAY 98  
SUITE C-102B  
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PF</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, JUDITH</b>	1.2 NAME	
STREET ADDRESS	<b>960 NORTHSHORE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DESTIN FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICKELSON, DANIEL</b>	2.2 NAME	
STREET ADDRESS	<b>868 SHERILYN DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KIRKWOOD MO</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERTON, NORMAN</b>	3.2 NAME	
STREET ADDRESS	<b>1229 CEDARDELL LN</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AYCOCK, CARL</b>	4.2 NAME	
STREET ADDRESS	<b>P.O. BOX 1276</b>	4.3 STREET ADDRESS	<b>123 S Railroad Ave.</b>
CITY-ST-ZIP	<b>BROOKHAVEN MS</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JAGER, CHARLES</b>	5.2 NAME	
STREET ADDRESS	<b>147 QUEENSBORO CRESCENT</b>	5.3 STREET ADDRESS	<b>D Patricia Mosley</b>
CITY-ST-ZIP	<b>BIRMINGHAM AL</b>	5.4 CITY-ST-ZIP	<b>20 Pawnee Dr. Anniston AL 36206</b>
TITLE		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: *Judith Williams* JUDITH WILLIAMS 2-2-98 (850) 654-1818

CR2E037 (10/97)