

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N46539

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

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

Mailing Address
 1096 OLD HWY 98
 SUITE C-102 B
 DESTIN FL 32541
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/13/1991	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-3103106	
24	Country	29	Country	Applied For	
		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/>	
BELL, DAVID W.				\$8.75 Additional Fee Required	
1096 OLD HIGHWAY 98				6. Election Campaign Financing <input type="checkbox"/>	
SUITE C-102B				Trust Fund Contribution	
DESTIN FL 32541				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BELL, DAVID W.				81	Name		
1096 OLD HIGHWAY 98				82	CATHY J LEE		
SUITE C-102B				83	Street Address (P.O. Box Number is Not Acceptable)		
DESTIN FL 32541				84	1096 OLD HWY 98		
				85	SUITE C-102B		
					City		
					DESTIN		
					FL		
					Zip Code		
					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: *Cathy J. Lee* (CATHY J. LEE) 4-5-99
 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PF <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JUDITH	1.2 NAME	
STREET ADDRESS	960 NORTHSHORE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICKELSON, DANIEL	2.2 NAME	
STREET ADDRESS	868 SHERILIN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKWOOD MO	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERTON, NORMAN	3.2 NAME	
STREET ADDRESS	1229 CEDARDELL LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYCOCK, CARL	4.2 NAME	
STREET ADDRESS	123 S RAILROAD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKHAVEN MS	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSLEY, PATRICIA	5.2 NAME	
STREET ADDRESS	20 PAWNEE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANNISTON FL 36206	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 change, or on an attachment with an address, with all other like empowered

SIGNATURE: *Judith Williams* Judith Williams 4/19/99 850-267-8183
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)