

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 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 # **N48203** (6)

1. Corporation Name

HUTCHINSON ISLAND TOURISM DEVELOPMENT COMMITTEE, INC.

Principal Place of Business

Mailing Address

**1910 NE JENSEN BEACH BLVD
JENSEN BEACH FL 34957
US**

**P.O. BOX 1291
JENSEN BEACH FL 34958
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**PULLEN, L. WILLIAM
3793 N.E. OCEAN BLVD.
JENSEN BEACH FL 34957**

3. Date Incorporated or Qualified

04/07/1992

4. FEI Number

65-0352723

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**

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Haven, Grace

82 Street Address (P.O. Box Number is Not Acceptable)

1910 NE Jensen Beach Blvd.

83

84 City

Jensen Beach

FL

85 Zip Code

34957

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

[Signature] **Grace Haven Resident**

DATE **2/17/98**

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **PULLEN, L. WILLIAM**
STREET ADDRESS **3793 N.E. OCEAN BLVD**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **DV** ☐ DELETE
NAME **HAVEN, GRACE**
STREET ADDRESS **1910 N.E. JENSEN BEACH BLVD**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **DST** ☐ DELETE
NAME **ASHBURY, GAY**
STREET ADDRESS **4392 N.E. OCEAN BLVD.**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **Haven, Grace**
1.3 STREET ADDRESS **1910 NE Jensen Beach Blvd**
1.4 CITY-ST-ZIP **Jensen Beach, FL 34957**

2.1 TITLE **DV** ☒ Change ☒ Addition
2.2 NAME **McGeowan, Pat**
2.3 STREET ADDRESS **10978 S. Ocean Dr.**
2.4 CITY-ST-ZIP **Jensen Beach, FL 34957**

3.1 TITLE **DST** ☒ Change ☐ Addition
3.2 NAME **Asbury, Gay**
3.3 STREET ADDRESS **4392 NE Ocean Blvd**
3.4 CITY-ST-ZIP **Jensen Beach, FL 34957**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: *[Signature]* **GRACE HAVEN 2/17/98 561-334-4267**

CR2E037 (10/97)