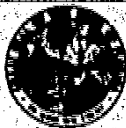


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 7:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N94000005278 (6)

1. Corporation Name

NORRIEGO POINT EROSION CONTROL ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1994

3a. Date of Last Report

4. FEI Number

☒ 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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACLIN, HENRY W JR
200 GULF SHORE DR
DESTIN FL 32541**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MACLIN, HENRY W JR
STREET ADDRESS	200 GULF SHORE DR
CITY - ST - ZIP	DESTIN FL 32541
TITLE	D
NAME	RODGERS, THOMAS A
STREET ADDRESS	200 GULF SHORE DR
CITY - ST - ZIP	DESTIN FL 32541
TITLE	D
NAME	JONES, J. MICHAEL
STREET ADDRESS	280 GULF SHORE DR
CITY - ST - ZIP	DESTIN FL 32541
TITLE	D
NAME	PETERSON, DALE E
STREET ADDRESS	321 HIGHWAY 98E
CITY - ST - ZIP	DESTIN FL 32541
TITLE	D
NAME	CARNER, JOHN
STREET ADDRESS	100 GULF SHORE DR
CITY - ST - ZIP	DESTIN FL 32541
TITLE	D
NAME	HOLLEY, STEVE
STREET ADDRESS	160 GULF SHORE DR
CITY - ST - ZIP	DESTIN FL 32541

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	MARK GIBSON
6.3 STREET ADDRESS	150 GULF SHORE DR
6.4 CITY - ST - ZIP	DESTIN FL 32541

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HENRY W. MACLIN JR

DATE

Daytime Phone #

4/8/95 804 654-9304