

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Motkan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005229 (8)**

1. Corporation Name

HOLMES BEACH CIVIC ASSOCIATION, INC.

Principal Place of Business

**2920 AVENUE C
HOLMES BEACH FL 34217
US**

Mailing Address

**P.O. BOX 1944
HOLMES BEACH FL 34218
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	28 Country
24	29

3. Date Incorporated or Qualified	Applied For
11/02/1995	<input type="checkbox"/> Not Applicable
4. FEI Number	
65-0623626	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROMBERGER, SHIRLEY 512 71ST STREET HOLMES BEACH FL 34217	81 Name LACINA, BARBARA
	82 Street Address (P.O. Box Number is Not Acceptable) 600 MADATEE AVE #125
	83
	84 City HOLMES BEACH FL
	85 Zip Code 34217

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 *Barbara Lacina* DATE 2/11/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOELSCH, ARTHUR	1.2 NAME	
STREET ADDRESS	5605 CARISSA	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL 34217	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, RODNEY	2.2 NAME	BUEHLER, TOM
STREET ADDRESS	612 FOXWORTH	2.3 STREET ADDRESS	512 72ND ST
CITY-ST-ZIP	HOLMES BEACH FL 34217	2.4 CITY-ST-ZIP	HOLMES BEACH, FL 34217
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADVOCATE, MICHAEL	3.2 NAME	
STREET ADDRESS	529 72ND STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAND, SUE	4.2 NAME	
STREET ADDRESS	2920 AVENUE C	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COURTNEY JOY JOY	5.2 NAME	3D
STREET ADDRESS	8104 GULF DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, JOAN	6.2 NAME	
STREET ADDRESS	507 74TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL	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: *Joan Courtney* DATE: 2/15/98 (941) 778 5405

CR2E037 (10/97)