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FILED
Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northey Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001058 (4)**

1. Corporation Name

**HISTORIC INLET BEACH NEIGHBORHOOD ASSOCIATION, I
NC.**

Principal Place of Business P.O. BOX 173 SUNNYSIDE FL 32461-0173	Mailing Address P.O. BOX 173 SUNNYSIDE FL 32461-0173
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/27/1996	3a. Date of Last Report NA
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3345378	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHROEDER, HELEN J 258 PARK PLACE IN INLET BEACH PANAMA CITY FL 32413				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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT - DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HELEN J. SCHROEDER	1.2 NAME					
STREET ADDRESS	258 PARK PLACE	1.3 STREET ADDRESS					
CITY-ST-ZIP	INLET BEACH, FL. 32413	1.4 CITY-ST-ZIP					
TITLE	VICE PRES. - DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KAREN MARINEAU	2.2 NAME					
STREET ADDRESS	50 WEST PARK PLACE AVE.	2.3 STREET ADDRESS					
CITY-ST-ZIP	INLET BEACH, FL. 32413	2.4 CITY-ST-ZIP					
TITLE	SECRETARY - DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	NANCY JONES	3.2 NAME					
STREET ADDRESS	215 POM PANNO DR.	3.3 STREET ADDRESS					
CITY-ST-ZIP	INLET BEACH, FL. 32413	3.4 CITY-ST-ZIP					
TITLE	TREAS. PATRICIA H. BYRNE <input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	384 WALTON ROSE LANE	4.2 NAME					
STREET ADDRESS	INLET BEACH, FL. 32413	4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		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 do 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.

CR2E037 (9/96)