

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90066 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N96000001797

1. Corporation Name

FRONT STREET HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

3 WATERIDE PARKWAY
PALM COAST FL 32137

Mailing Address

PO BOX 354443
PALM COAST FL 32135

542035 - 90323 - 3



2. Principal Place of Business 21 3 Waterside Parkway Suite, Apt. #, etc. 22 City & State 23 Palm Coast, FL Zip 24 32137	2a. Mailing Address 26 PO Box 354489 Suite, Apt. #, etc. 27 City & State 28 Palm Coast, FL Zip 29 32135-4489	3. Date Incorporated or Qualified 03/27/1996 4. FEI Number 59-3375264 Applied For Not Applicable 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
---	---	--

9. Name and Address of Current Registered Agent

DEVORE, ROBERT D
3 WATERIDE PARKWAY
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name	JAMES T. CULLIS
82 Street Address (P.O. Box Number is Not Acceptable)	3 WATERSIDE PARKWAY
83	
84 City	PALM COAST FL
85 Zip Code	32137

11. Pursuant to the provisions of Sections 617.0502 and 617.508, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D Jim Donchez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULLIS, JAMES T	1.2 NAME	3 Waterside Parkway
STREET ADDRESS	3 WATERIDE PARKWAY	1.3 STREET ADDRESS	Palm Coast, FL 32137
CITY-ST-ZIP	PALM COAST FL 32137	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	William Haussmann <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINN, EDWARD R III	2.2 NAME	3 Waterside Parkway
STREET ADDRESS	3 WATERIDE PARKWAY	2.3 STREET ADDRESS	Palm Coast, FL 32137
CITY-ST-ZIP	PALM COAST FL 32137	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Stewart Rockett <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVORE, ROBERT D	3.2 NAME	3 Waterside Parkway
STREET ADDRESS	3 WATERIDE PARKWAY	3.3 STREET ADDRESS	Palm Coast, FL 32137
CITY-ST-ZIP	PALM COAST FL 32137	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, JOSE	4.2 NAME	Cullis, James T
STREET ADDRESS	3 WATERIDE PARKWAY	4.3 STREET ADDRESS	3 Waterside Parkway
CITY-ST-ZIP	PALM COAST FL 32137	4.4 CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	VERGANI, CHRIS	5.2 NAME	
STREET ADDRESS	3 WATERIDE PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. CULLIS VERGANI

1-25-99

904-446-6460

Date

Daytime Phone

CR2E037 (1/98)