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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90153 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005840

1. Corporation Name
ALAUQA ISLAND HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 1793 F.I.M. BLVD FT WALTON BEACH FL 32548	Mailing Address 1793 F.I.M. BLVD FT WALTON BEACH FL 32548
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/15/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3489406
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

9. Name and Address of Current Registered Agent WHITFIELD, J C 1793 F.I.M. BLVD FT WALTON BEACH FL 32548	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	
NAME WHITFIELD, JC	1.2 NAME	1.2 NAME	
STREET ADDRESS 1793 F.I.M. BLVD	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY-ST-ZIP FT WALTON BEACH FL 32548	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	
NAME KENT, MICHAEL	2.2 NAME	2.2 NAME	
STREET ADDRESS 19 SE CHESTNUT AVE	2.3 STREET ADDRESS	2.3 STREET ADDRESS	348 MIRACLE STRIP PKWY, SUITE 13
CITY-ST-ZIP FT WALTON BEACH FL 32548	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32548
TITLE D <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	
NAME LANE, RON	3.2 NAME	3.2 NAME	
STREET ADDRESS P O BOX 1915 N/A	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP ANDALUSIA AL 36420	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 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 its 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 REQUIRED *Ken* Date: 4/12/99 Daytime Phone #: 850-664-6000

CR2E037 (11/98)