

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90092 012 ***150.00

DOCUMENT # 191800 1. Entity Name SELVA MARINA COUNTRY CLUB, INC.					
Principal Place of Business 1600 SELVA MARINA DRIVE ATLANTIC BEACH, FL 32233			Mailing Address 1600 SELVA MARINA DRIVE ATLANTIC BEACH, FL 32233		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-6077224	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DIAZ, MIKE 1170 SEMINOLE ROAD <i>1490 Selva Marina Dr.</i> ATLANTIC BEACH, FL 32233				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIAZ, MIKE 1170 SEMINOLE ROAD ATLANTIC BEACH, FL 32233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 1490 Selva Marina Dr. Atlantic Bch FL 32233 President	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REDICK, RICK 205 SOUTH FIRST STREET SUITE 6 JACKSONVILLE BEACH, FL 32250		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REEVES, MITCHE 14214 CRYSTAL COVE DRIVE JACKSONVILLE, FL 32224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENNIS, ALLAN 1865 LIVE OAK LANE ATLANTIC BEACH, FL 32233		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment in an address, with all other like empowered.					
SIGNATURE: <i>Michael...</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
4/15/08 (904) 296-6739					

40075515



04032008 Chg-P CR2E034 (12/06)

4. FEI Number
59-6077224

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, MIKE
~~1170 SEMINOLE ROAD~~ *1490 Selva Marina Dr.*
ATLANTIC BEACH, FL 32233

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
DIAZ, MIKE
1170 SEMINOLE ROAD
ATLANTIC BEACH, FL 32233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
1490 Selva Marina Dr.
Atlantic Bch FL 32233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
REDICK, RICK
205 SOUTH FIRST STREET SUITE 6
JACKSONVILLE BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
REEVES, MITCHE
14214 CRYSTAL COVE DRIVE
JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ENNIS, ALLAN
1865 LIVE OAK LANE
ATLANTIC BEACH, FL 32233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Tim Strong
3031 Marye Brant Loop S.
Neptune Bch, FL 32266
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
James M. Geeslin
226 Olean Forest Dr. N.
Atlantic Bch, FL 32233
☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment in an address, with all other like empowered.

SIGNATURE: *Michael...*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08 **(904) 296-6739**