## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

## Mar 06, 2001 8:00 am Secretary of State DOCUMENT # N0000005086 1. Entity Name BEACHWAY AT NASSAU LAKE OWNERS ASSOCIATION, INC. 03-06-2001 90308 016 \*\*\*\*61.25 Mailing Address Principal Place of Business 2021 ART MUSEUM DRIVE #210 2021 ART MUSEUM DRIVE #210 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 59-3662757 \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ANTONOPOULOS, MICHAEL 2021 ART MUSEUM DRIVE #210 JACKSONVILLE FL 32207 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be **FILE NOW:** Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change ☐ Delete TITLE TITLE ANTONOPOULOS, MICHAEL NAME NAME STREET ADDRESS 2021 ART MUSEUM DRIVE #210 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 : CITY-ST-ZIP PD ☐ Addition ☐ Change TITLE TITLE ☐ Delete HOWELL, WILLIAM R NAME NAME POST OFFICE BOX 60 - ORTEGA STATION STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32210 VD Addition Change Delete TITLE TITLE RASO, TONY NAME NAME 3840 CROWN POINT ROAD #C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

31) 01 904-396-3539

**FILED**