

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29387** (0)

1. Corporation Name
POINT LA VISTA CIVIC ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~C/O RICHARDSON-GEORGE III~~
~~4248 MORENA LANE~~
~~JACKSONVILLE FL 32207~~
~~US~~
~~C/O RICHARDSON-GEORGE W.~~
~~4248 MORENA LANE~~
~~JACKSONVILLE FL 32207~~
~~US~~

3. Date Incorporated or Qualified **11/22/1988** 3a. Date of Last Report **05/01/1994**
4. FEI Number **23-7376749** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **% W. EVANS JOHNSON** 26 **% W. EVANS JOHNSON**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **4204 PT LA VISTA RD, W.** 27 **+204 PT LA VISTA RD, W.**
City & State City & State
23 **JACKSONVILLE FL** 28 **JACKSONVILLE FL**
Zip Country Zip Country
24 **32207** 25 **US** 29 **32207** 30 **US**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
~~RICHARDSON-GEORGE III~~
~~4248 MORENA LANE~~
~~1301 GULF LIFE DR., STE-1500~~
~~JACKSONVILLE FL 32207~~

10. Name and Address of New Registered Agent
81 Name **W. EVANS JOHNSON**
82 Street Address (P.O. Box Number is Not Acceptable) **4204 PT. LA VISTA RD., W.**
83
84 City **JACKSONVILLE FL** 85 Zip Code **32207**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *W. Evans Johnson* **April 14, 1995**
Signature (Typed or Printed Name of Registered Agent and Date of Application) NOTE: Registered Agent signature required when registering. DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RICHARDSON, GEORGE W III
STREET ADDRESS	4248 MORENA LANE
CITY ST ZIP	JACKSONVILLE FL
TITLE	DT
NAME	WILLIAMS, DUARD R
STREET ADDRESS	808 POINT LA VISTA RD N
CITY ST ZIP	JACKSONVILLE FL
TITLE	DV
NAME	PRATTOS, SUSAN
STREET ADDRESS	4230 MORENA LANE
CITY ST ZIP	JACKSONVILLE FL
TITLE	DS
NAME	FARMAND, JEANNIE
STREET ADDRESS	909 POINT LA VISTA RD N
CITY ST ZIP	JACKSONVILLE FL
TITLE	D
NAME	SUNDSTROM, ERIC R
STREET ADDRESS	4211 MORENA LANE
CITY ST ZIP	JACKSONVILLE FL
TITLE	D
NAME	SAFFY, EDNA
STREET ADDRESS	4273 POINT LA VISTA RD S
CITY ST ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

11 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	W. EVANS JOHNSON
13 STREET ADDRESS	4204 PT. LA VISTA RD., W.
14 CITY ST ZIP	JACKSONVILLE FL 32207
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	RITA JOOST
33 STREET ADDRESS	820 PT. LA VISTA RD., N.
34 CITY ST ZIP	JACKSONVILLE FL 32207
41 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	KAREN W. SOLOMON
43 STREET ADDRESS	4241 PT. LA VISTA RD., W.
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *W. Evans Johnson* **W. EVANS JOHNSON** **APRIL 14, 1995 (904) 398-7186**
Signature (Typed or Printed Name of Signing Officer or Director) Date (Article 1356.4)