

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N29387** (0)

1. Corporation Name

**POINT LA VISTA CIVIC ASSOCIATION, INC.**



Principal Place of Business: C/O JOHNSON, W. EVANS, 4204 PT LA VISTA RD., W JACKSONVILLE FL 32207 US  
Mailing Address: C/O JOHNSON, W. EVANS, 4204 PT LA VISTA RD., W JACKSONVILLE FL 32207 US

3. Date Incorporated or Qualified: 11/22/1988  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 23-7376749  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, W. EVANS  
4204 PT LA VISTA RD., W.  
~~1801 GULF LIFE DR. STE 1000~~  
JACKSONVILLE FL 32207

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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: *W Evans Johnson*

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE: DP	<input checked="" type="checkbox"/> DELETE
NAME: JOHNSON, W. E	
STREET ADDRESS: 4204 PT LA VISTA RD., W	
CITY-ST-ZIP: JACKSONVILLE FL	
TITLE: DT	<input checked="" type="checkbox"/> DELETE
NAME: WILLIAMS, DUARD R	
STREET ADDRESS: 808 POINT LA VISTA RD N	
CITY-ST-ZIP: JACKSONVILLE FL	
TITLE: DV	<input checked="" type="checkbox"/> DELETE
NAME: JOOST, RITA	
STREET ADDRESS: 820 PT LA VISTA RD., N	
CITY-ST-ZIP: JACKSONVILLE FL	
TITLE: DS	<input type="checkbox"/> DELETE
NAME: SOLOMON, KAREN W	
STREET ADDRESS: 4241 PT LA VISTA RD., W	
CITY-ST-ZIP: JACKSONVILLE FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: SUNDSTROM, ERIC R	
STREET ADDRESS: 4211 MORENA LANE	
CITY-ST-ZIP: JACKSONVILLE FL	
TITLE: D	<input type="checkbox"/> DELETE
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	
1.1 TITLE: DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: WILLIAMS, DUARD R	
1.3 STREET ADDRESS: 808 PT. LA VISTA RD N	
1.4 CITY-ST-ZIP: JACKSONVILLE, FL 32207	
2.1 TITLE: DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: JOHNSON, W. E.	
2.3 STREET ADDRESS: 4204 PT. LA VISTA RD W	
2.4 CITY-ST-ZIP: JACKSONVILLE, FL 32207	
3.1 TITLE: DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: COHEN, CAROLYN	
3.3 STREET ADDRESS: 4217 PT. LA VISTA RD S	
3.4 CITY-ST-ZIP: JACKSONVILLE, FL 32207	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
6.4 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 2/20/96 904 398-7186  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)