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

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

C/O JOHNSON, W., EVANS

4204 PT LA VISTA RD., W

Suite, Apt. #, etc.

City & State

22

JACKSONVILLE FL 32207



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N29387

1. Corporation Name

(0)

Mailing Address

C/O JOHNSON, W., EVANS

4204 PT LA VISTA RD., W

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

JACKSONVILLE FL 32207-6248

POINT LA VISTA CIVIC ASSOCIATION, INC.

23				28					Trust Fund Contribution		Added t	o Fees		
	Zip Country			Zip	C	untry			8. This corporation has tiab	ility for intang	ible tax under s.	199.032,		
24			25	29	30			Florida Statutes 🔲 Yes 🔀 No						
<u> </u>	···· / · · · · · · · · · · · · · · · ·	9. Name	and Address of Current	Registered Agent			10. Name and Address of New Registered Agent							
						61	Name							
	JOHNSON	I.WE				<b>B2</b>	Stroot /	Addross	s (P.O. Box Number is Not Ad	ocentable)				
		LA VISTA I	RD., W.			02	SUBOLF	Audios	S (F.O. DOX NUMBER IS NOT A	ocepianie)				
		IVILLE FL				63								
	ONONOON	YILLE   L	OLLOF											
						84	City			F	<b>EL</b> 85 Zip (	Code		
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.  Signature typed or printed name of registered agent and the if applicable (NOTE: Registered A								required v	when reinstating)	DAT	ië.			
12.		oig name types	OFFICERS AND		13				ADDITIONS/CHANGES TO	OFFICERS A	AND DIRECTOR	S IN 12		
TITL		DP			1.1	I.1 TITLE				☐ Change ☐ Addition				
NAM	IF.	WILLIAM:	S, DURDR		1.2 NAME									
	ET ADDRESS		NT LA VISTA ROAD NO	RTH										
	-SI-ZIP		NVILLE FL	••••	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP									
Till		DT		DELETE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2.1 TITLE				Change	Addition		
NAM		JOHNSO	N W F		NAME					-				
•	STREET ADDRESS 4204 POINT LA VISTA ROAD WE CITY-ST-ZIP JACKSONVILLE FL			<b>ST</b> 2		2.3 STREET ADDRESS								
						2. 4 CITY-SY-ZIP								
TITL		DV		DELETE				ļ ————			Change	Addition		
	i	••	CAROLYN				3.2 NAME				_ •			
	NAME COHEN, CAROLYN STREET ADDRESS 4217 POINT LA VISTA ROAD SO			оптн		3 3 STREET ADDRESS								
" '	STREET ADDRESS 4217 POINT LA VISTA HUAD ST CITY-SI-ZIP JACKSONVILLE FL				1	. CITY-S								
TITL		DS	111166 1 6	DELETE							Change	Addition		
NAM	i		ON, KAREN W	••••	42	NAME								
	STREET ADDRESS 4241 PT LA VISTA RD., W						ADDRESS							
	-ST-ZIP	14 01/00 th 51 t # 51				CITY-S								
100		D		DELETE		5.1 TITLE		<b></b>			Change	Addition		
NAM		_	ROM, ERIC R			NAME					_			
	EE1 ADDRESS		DRENA LANE		5.3	STREET	ADDRESS	1						
	'-ST-ZIP		NVILLE FL			CITY-S	- 1	1	•					
TITL		D				6.1 TITLE		1			Change	Addition		
NAV		SAFFY, EDNA			NAME									
STRI	STREET ADDRESS 4273 POINT LA VISTA RD S			6.3	STREET	ADDRESS								
DITY-ST-ZIP JACKSONVILLE FL				6.4	CITY-S	T-ZIP								
14. I do 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 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: 2 PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE DO DE DESCRIPTION DATE DE DESCRIPTION DE DESCRIP														

**FILED** Mar 10 1997 8:00am Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

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3. Date incorporated or Qualified 11/22/1988

23-7376749

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number