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Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

2. Principal Place of Business: 21 Suite, Apt #, etc.; 22 City & State; 23 Zip; 24 Country

2a. Mailing Address: 26 Suite, Apt #, etc.; 27 City & State; 28 Zip; 29 Country

3. Date Incorporated or Qualified: 11/22/1988

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: JOHNSON, W E, 4204 PT LA VISTA RD., W, JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent: 81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	WILLIAMS, DURDR	808 POINT LA VISTA ROAD NORTH	JACKSONVILLE FL	<input checked="" type="checkbox"/>
DT	JOHNSON, W E	4204 POINT LA VISTA ROAD WEST	JACKSONVILLE FL	<input checked="" type="checkbox"/>
DV	COHEN, CAROLYN	4217 POINT LA VISTA ROAD SOUTH	JACKSONVILLE FL	<input type="checkbox"/>
DS	SOLOMON, KAREN W	4241 PT LA VISTA RD., W	JACKSONVILLE FL	<input type="checkbox"/>
D	SUNDSTROM, ERIC R	4211 MORENA LANE	JACKSONVILLE FL	<input type="checkbox"/>
D	SAFFY, EDNA	4273 POINT LA VISTA RD S	JACKSONVILLE FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
DP	JOHNSON, W. EVANS	4204 POINT LA VISTA RD., WEST	JACKSONVILLE, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DT	SHAD, LYNN	811 POINT LA VISTA RD., NORTH	JACKSONVILLE, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME				<input type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
3.4 CITY - ST - ZIP				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME				<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
4.4 CITY - ST - ZIP				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME				<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
5.4 CITY - ST - ZIP				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME				<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>
6.4 CITY - ST - ZIP				<input type="checkbox"/>	<input type="checkbox"/>

14. 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 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 2/6/98 (904) 398-7186

CR2E037 (10/97)