

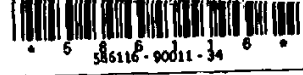
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

000000

99 OCT 27 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7-12-99 90011 034

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29387

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

Principal Place of Business Mailing Address
 4294 C/O JOHNSON, W. EVANS 4294 C/O JOHNSON, W. EVANS
 4204 PT LA VISTA RD., W 4204 PT LA VISTA RD., W
 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207
 US US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
1 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/22/1988
2 City & State	27 City & State	4. FEI Number
3 Zip	28 Zip	23-7376749
Country	29 Country	Applied For
25	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired
JOHNSON, W E		<input type="checkbox"/> \$8.75 Additional Fee Required
4204 PT LA VISTA RD., W		6. Election Campaign Financing
JACKSONVILLE FL 32207		<input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution
		<input type="checkbox"/>

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

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]* DATE: 7-6-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	Change Addition
NAME	JOHNSON, W EVANS	1.2 NAME	Robert Uible
STREET ADDRESS	4204 POINT LA VISTA RD W	1.3 STREET ADDRESS	4204 PT LA VISTA RD W
CITY-STATE-ZIP	JACKSONVILLE FL	1.4 CITY-STATE-ZIP	JACKSONVILLE FL 32207
TITLE	DT	2.1 TITLE	Change Addition
NAME	SHAD, LYNN	2.2 NAME	Dr Edna Saffoy
STREET ADDRESS	811 POINT LA VISTA RD NO	2.3 STREET ADDRESS	4273 PT LA VISTA RD S
CITY-STATE-ZIP	JACKSONVILLE FL	2.4 CITY-STATE-ZIP	JACKSONVILLE FL 32207
TITLE	DV	3.1 TITLE	Change Addition
NAME	COHEN, CAROLYN	3.2 NAME	Karen Solomon
STREET ADDRESS	4217 POINT LA VISTA ROAD SOUTH	3.3 STREET ADDRESS	4204 PT LA VISTA RD W
CITY-STATE-ZIP	JACKSONVILLE FL	3.4 CITY-STATE-ZIP	JACKSONVILLE FL 32207
TITLE	DS	4.1 TITLE	Change Addition
NAME	SOLOMON, KAREN W	4.2 NAME	
STREET ADDRESS	4241 PT LA VISTA RD., W	4.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	Change Addition
NAME	SUNDSTROM, ERIC R	5.2 NAME	
STREET ADDRESS	4211 MORENA LANE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	Change Addition
NAME	SAFFY, EDNA	6.2 NAME	
STREET ADDRESS	4273 POINT LA VISTA RD S	6.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	6.4 CITY-STATE-ZIP	

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

SIGNATURE: *[Signature]* DATE: 7-6-99 904398 0493

CR20037 (5/99)