

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90119 037 \*\*\*\*61.25

**DOCUMENT # N29387**

1. Entity Name

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

Principal Place of Business

Mailing Address

**4294 PT LA VISTA RD. W.  
 JACKSONVILLE FL 32207  
 US**

**4294 PT LA VISTA RD. W.  
 JACKSONVILLE FL 32207  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*4275 Pt Lavista Rd W*  
 Suite, Apt. #, etc.

*4275 Pt Lavista Rd W*  
 Suite, Apt. #, etc.

City & State  
*Jacksonville Florida*

City & State  
*Jacksonville Florida*

4. FEI Number **23-7376749**

Applied For  
 Not Applicable

Zip  
*32207*

Country  
*USA*

Zip  
*32207*

Country  
*USA*

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEER, DAWN  
 4275 PT LAVISTA RD W  
 JACKSONVILLE FL 32207**

Name *Same*  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD GEER, DAWN**  
 STREET ADDRESS **4275 PT LAVISTA RD W**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD SHAD, ART**  
 STREET ADDRESS **4291 MORENA LANE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD GERZEL, CATHIE**  
 STREET ADDRESS **4262 MORENA LANE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X Dawn Geer*  
**DAWN GEER**

Date

Daytime Phone #

*4/22/02 9043964529*

CR2E037 (9/01)