

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29387

FILED
Mar 21, 2009
Secretary of State

Entity Name: POINT LA VISTA CIVIC ASSOCIATION, INC.

Current Principal Place of Business:

4211 MORENA LANE
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

4333 POINT LA VISTA ROAD SOUTH
JACKSONVILLE, FL 32207 US

Current Mailing Address:

4211 MORENA LANE
JACKSONVILLE, FL 32207 US

New Mailing Address:

4333 POINT LA VISTA ROAD SOUTH
JACKSONVILLE, FL 32207 US

FEI Number: 23-7376749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEATTIE, PHILIP J.
4211 MORENA LANE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

MCMORROW, BARBARA D.
4333 POINT LA VISTA ROAD SOUTH
JACKSONVILLE, FL 32207 US

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: BARBARA D. MCMORROW

03/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SUDDATH, DANIELLE
Address: 4355 POINT LA VISTA RD. W.
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VD () Delete
Name: SHAD, ART
Address: 4291 MORENA LANE
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete
Name: GERZEL, CATHIE
Address: 4262 MORENA LANE
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD () Delete
Name: BEATTIE, JOE
Address: 4211 MORENA LANE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCMORROW, BARBARA D
Address: 4333 POINT LA VISTA ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GEER, DAWN
Address: 4275 POINT LA VISTA ROAD WEST
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD (X) Change () Addition
Name: MOORE, PAULA
Address: 819 POINT LA VISTA ROAD NORTH
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA D. MCMORROW

PD

03/21/2009

Electronic Signature of Signing Officer or Director

Date