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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004286 (0)**

1. Corporation Name

FIRST COAST WIND ENSEMBLE, INC.

Principal Place of Business

Mailing Address

**3402 SCRIMSHAW DRIVE
JACKSONVILLE FL 32257**

**3402 SCRIMSHAW DRIVE
JACKSONVILLE FL 32257**

3. Date Incorporated or Qualified

08/31/1994

4. FEI Number

59-3301510

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

10. Name and Address of New Registered Agent

**MADISON, T. M JR.
4401 WESCONNETT BLVD
SUITE 103
JACKSONVILLE BEACH FL 32210**

81 Name **Evelyn B. Blackwell**

82 Street Address (P.O. Box Number Is Not Acceptable)
3402 Scrimshaw Drive

83

84 City **Jacksonville** **FL** **85** Zip Code **32257**

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 *Evelyn B. Blackwell*

Evelyn B. Blackwell

4/23/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CP** ☒ DELETE
NAME **RUSSO, LOUIS**
STREET ADDRESS **939 ARBOR LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **CP (Chairman & Pres.)** ☐ Change ☒ Addition
1.2 NAME **Matthew Vance**
1.3 STREET ADDRESS **1704 Wood Hill Place**
1.4 CITY-ST-ZIP **Jacksonville, Florida 32256** ☐ Change ☐ Addition

TITLE **STD** ☐ DELETE
NAME **FLOURNOY, YVONNE**
STREET ADDRESS **1546 N. CRABAPPLE COVE CT.**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PCD** ☒ DELETE
NAME **GRIFFITH, JULIE A**
STREET ADDRESS **3402 SCRIMSHAW DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE **PCD (Publicity Director)** ☐ Change ☒ Addition
3.2 NAME **Elda L. McNew**
3.3 STREET ADDRESS **525 Royal Palms Drive**
3.4 CITY-ST-ZIP **Atlantic Beach, FL 32233**

TITLE **PMD** ☐ DELETE
NAME **BLACKWELL, EVELYN**
STREET ADDRESS **3402 SCRIMSHAW DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **CP** ☒ DELETE
NAME **HOLMAN, WILLIAM M**
STREET ADDRESS **1035 24TH STREET NORTH**
CITY-ST-ZIP **JACKSONVILLE BEACH FL**

5.1 TITLE **D (Dir. of Development)** ☐ Change ☒ Addition
5.2 NAME **Marcela Argeles McDonald**
5.3 STREET ADDRESS **625 San Clementi Drive**
5.4 CITY-ST-ZIP **Orange Park, Florida 32073**

TITLE **D** ☒ DELETE
NAME **VANCE, MATT**
STREET ADDRESS **8700 SOUTHSIDE BLVD, #816**
CITY-ST-ZIP **JACKSONVILLE FL**

6.1 TITLE **D (Member-at-Large)** ☐ Change ☒ Addition
6.2 NAME **David M. Gentkowski**
6.3 STREET ADDRESS **9059 Rockpond Meadows Drive**
6.4 CITY-ST-ZIP **Jacksonville, FL 32221**

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: *Evelyn B. Blackwell* **Evelyn B. Blackwell**

4/23/98

CR2E037 (10/97)