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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005314 (8)**

1. Corporation Name

CAVITE ASSOCIATION OF JACKSONVILLE, INC.

Principal Place of Business

**4552 WHISPERING INLET DR
JACKSONVILLE FL 32277**

Mailing Address

**4552 WHISPERING INLET DR
JACKSONVILLE FL 32277**

3. Date Incorporated or Qualified

11/08/1995

4. FEI Number

59-3343563

Applied For

Not Applicable

2. Principal Place of Business

21 8470 GRAMPELL DR.

Suite, Apt. #, etc.

22

City & State
23 JACKSONVILLE, FLORIDA

Zip

24 32221

Country

2a. Mailing Address

26 8470 GRAMPELL DR.

Suite, Apt. #, etc.

27

City & State
28 JACKSONVILLE, FLORIDA

Zip

29 32221

Country

30

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

**POBLETTE, ALICIA N
4552 WHISPERING INLET DR
JACKSONVILLE FL 32277**

10. Name and Address of New Registered Agent

**81 Name PARIN, BERNARDO C.
82 Street Address (P.O. Box Number is Not Acceptable)
8470 GRAMPELL DR.
83
84 City JACKSONVILLE FL 85 Zip Code 32221**

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 **BERNARDO C. PARIN (PRESIDENT)**

APRIL 6, 1998

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **POBLETE, ALICIA N**
STREET ADDRESS **4552 WHISPERING INLET DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **D** ☐ DELETE

NAME **PARIN, BERNARDO**
STREET ADDRESS **8470 GRAMPELL DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE **D** ☐ DELETE

NAME **VRATA, AURORA**
STREET ADDRESS **928 RUDDER ROAD**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **D** ☐ DELETE

NAME **HERNANDEZ, ELIZARDO**
STREET ADDRESS **12019 LOBLOLLY LANE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

P
NAME **PARIN, BERNARDO C.**
STREET ADDRESS **8470 GRAMPELL DR.**
CITY-ST-ZIP **JACKSONVILLE, FL 32221**

☒ Change ☐ Addition

D
NAME **DOMINGUEZ, TERESITA**
STREET ADDRESS **8921 IRONGATE DR.**
CITY-ST-ZIP **JACKSONVILLE, FL 32244**

☒ Change ☐ Addition

D
NAME **DELA CRUZ, CIRIACO**
STREET ADDRESS **1599 CHAIN FERN WAY**
CITY-ST-ZIP **ORANGE PARK, FL 32073**

☒ Change ☐ Addition

D
NAME **ABAD, BUDDY**
STREET ADDRESS **218 HICKORY HOLLOW DR. SOUTH**
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

BERNARDO C. PARIN

APRIL 6, 1998

(904) 786-5679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000704A

CR2E037 (1097)