

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

**FILED**  
**Apr 17 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000006608 (0)**  
 1. Corporation Name  
**NASSAU COUNTY AQUATIC ASSOCIATION, INC.**



Principal Place of Business <b>2068 ORCA COURT FERNANDINA BEACH FL 32034</b>	Mailing Address <b>2068 ORCA COURT FERNANDINA BEACH FL 32034</b>
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3. Date Incorporated or Qualified  
**11/24/1997**

4. FEI Number  
**59-3503239**  Applied For  
 Not Applicable

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address <b>PO Box 6234</b>
23. City & State	27. City & State <b>FERNANDINA BCH., FLORIDA</b>
24. Zip <b>32034</b>	29. Country <b>USA</b>

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  
**CROFT, JANET K  
 2068 ORCA COURT  
 FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 *Janet K. Croft* **JANET K. CROFT** **APRIL 4<sup>TH</sup>, 1998**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>CROFT, JANET K</b>	
STREET ADDRESS <b>2068 ORCA COURT</b>	
CITY-ST-ZIP <b>FERNANDINA BEACH FL 32034</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>CROFT, MORRIS R JR</b>	
STREET ADDRESS <b>2068 ORCA COURT</b>	
CITY-ST-ZIP <b>FERNANDINA BEACH FL 32034</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>BEAN, AARON P</b>	
STREET ADDRESS <b>1511 INVERNESS ROAD</b>	
CITY-ST-ZIP <b>FERNANDINA BEACH FL 32034</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 changed, or on an attachment with an address.

SIGNATURE: *Janet K. Croft* **JANET K. CROFT** **APRIL 4<sup>TH</sup>, 1998**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (optional)

CR2E037 (10/97)