

**2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N29387

**Entity Name:** POINT LA VISTA CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

4211 ORO PLACE  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4211 ORO PLACE  
JACKSONVILLE, FL 32207 US

**FEI Number: 23-7376749**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RAYNOR, ERIN L  
4211 ORO PLACE  
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: ERIN L RAYNOR**

**01/09/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name RAYNOR, ERIN L  
Address 4211 ORO PLACE  
City-State-Zip: JACKSONVILLE FL 32207

Title VD  
Name VERLANDER, STEPHANIE F  
Address 4241 POINT LA VISTA RD W  
City-State-Zip: JACKSONVILLE FL 32207

Title SD  
Name DUSSINGER, ELIAZBETH  
Address 849 POINT LA VISTA RD N  
City-State-Zip: JACKSONVILLE FL 32207

Title TD  
Name BRANNON, MELISSA  
Address 4261 MORENA LANE  
City-State-Zip: JACKSONVILLE FL 32207

Title MEMBER  
Name MCMORROW, BARBARA  
Address 4333 POINT LA VISTA RD S  
City-State-Zip: JACKSONVILLE FL 32207

Title MEMBER  
Name MCMORROW, BARBARA  
Address 4333 POINT LA VISTA RD S  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby 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 all other like empowered.*

**SIGNATURE: ERIN L RAYNOR**

**PD**

**01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date