

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 191800 (2)

1. Corporation Name
SELVA MARINA COUNTRY CLUB, INC.

Principal Place of Business
1800 SELVA MARINA DRIVE
ATLANTIC BEACH FL 32233

Mailing Address
1800 SELVA MARINA DRIVE
ATLANTIC BEACH FL 32233-5616



3. Date Incorporated or Qualified 03/22/1956
3a. Date of Last Report 05/01/1996

4. FEI Number 59-6077224
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MARTIN, G.E.
1810 SEVILLA BLVD
UNIT #204
ATLANTIC BEACH FL 32233

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE
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	D	<input type="checkbox"/> DELETE
NAME	AULT, RICHARD A	
STREET ADDRESS	10ST CLOISTERS 52	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DICKINSON, MAXWELL	
STREET ADDRESS	1199 BEACH AVE	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CAPPOCK, ROBERT J	
STREET ADDRESS	1301 S FIRST ST 605	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARKER, DON L	
STREET ADDRESS	2266 OCEAN WALK DR W	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COLEMAN, RONALD L.	
STREET ADDRESS	1708 FOREST AVENUE	
CITY-ST-ZIP	NEPTUNE BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOSTER, MIKEL J.	
STREET ADDRESS	1720 PARK TERRACE EAST	
CITY-ST-ZIP	ATLANTIC BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KELLY, EARL J.	
1.3 STREET ADDRESS	5514 DARLOW AVENUE	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BOOKER, SHIRLEY M.	
2.3 STREET ADDRESS	2309 COVINGTON CREEK DR. W	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MILES, NORMAN W.	
3.3 STREET ADDRESS	1193 LINKSIDE COURT E.	
3.4 CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LEWIS, ARLIN D.	
4.3 STREET ADDRESS	1413 FOREST MARSH DR.	
4.4 CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	
5.1 TITLE	PD	<input checked="" 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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norman W. Miles* NORMAN W. MILES, TREASURER
4/29/97 904-2418105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)