

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90002 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 191800

1. Corporation Name
SELVA MARINA COUNTRY CLUB, INC.



Principal Place of Business 1600 SELVA MARINA DRIVE ATLANTIC BEACH FL 32233	Mailing Address 1600 SELVA MARINA DRIVE ATLANTIC BEACH FL 32233
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 03/22/1956
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-6077224	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KELLY, E J 5514 DARLOW AVE JAX FL 32211		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLSON, C L	1.2 NAME	FORD, ROBERT J.
STREET ADDRESS	1830 SEVILLA BLVD, 209	1.3 STREET ADDRESS	315 - 19TH STREET
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	1.4 CITY-ST-ZIP	ATLANTIC BEACH, FLORIDA 32233
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, EARL J.	2.2 NAME	
STREET ADDRESS	5514 DARLOW AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOKER, SHIRLEY M	3.2 NAME	
STREET ADDRESS	2309 COVINGTON CREEK DR W	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILES, NORMAN W	4.2 NAME	EVELYN S. WILLIAMS
STREET ADDRESS	1193 LINKSIDE COURT E	4.3 STREET ADDRESS	4003 PONTE VEDRA BLVD.
CITY-ST-ZIP	ATLANTIC BEACH FL	4.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	(SPELLING) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LWEIS, ARLIN D	5.2 NAME	LEWIS, ARLIN D.
STREET ADDRESS	1413 FOREST MARSH DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Earl J. Kelly **EARL J. KELLY** 4-23-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)