

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90060 036 ***150.00

DOCUMENT # 191800

1. Entity 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**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-6077224

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, MIKE
1170 SEMINOLE ROAD
ATLANTIC BEACH, FL 32233**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	DIAZ, MIKE
STREET ADDRESS	1170 SEMINOLE ROAD
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	VP
NAME	REDICK, RICK
STREET ADDRESS	205 SOUTH FIRST STREET SUITE 6
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	S
NAME	REEVES, MITCH E
STREET ADDRESS	14214 CRYSTAL COVE DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	P
NAME	ENNIS, ALLAN
STREET ADDRESS	1865 LIVE OAK LANE
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other I/we empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07 (904) 296-6739
Daytime Phone #