FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **718186** **(0)**

1. Corporation Name
VISTA DEL MAR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2301 COSTA VERDE BLVD. JACKSONVILLE BEACH FL 32250	2301 COSTA VERDE BLVD. JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/10/1970**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1404101** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WILLIAMS, LINDA F.
194 VISTA GRANDS DR.
PONTE VEDRA BCH FL 32082

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, DOROTHY	12 NAME	
STREET ADDRESS	2302 COSTA VERDE BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	DITTMER, KENNETH L.	22 NAME	
STREET ADDRESS	2309-201 COSTA VERDE BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BOWLES, MARY ANN	32 NAME	
STREET ADDRESS	2311-201 COSTA VERDE BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HOLYFIELD, POLLY	42 NAME	
STREET ADDRESS	2311-201 COSTA VERDE BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☒ Change ☐ Addition
NAME	~~DAVIS, PATRICIA~~	52 NAME	Walter Brinkman
STREET ADDRESS	~~2305-202 COSTA VERDE BLVD.~~	53 STREET ADDRESS	2227-201 Costa Verde Blvd.
CITY ST ZIP	~~JACKSONVILLE BCH FL~~	54 CITY ST ZIP	Jacksonville Bch, Fl. 32250
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	~~BRINKMAN, WALTER~~	62 NAME	William Becker
STREET ADDRESS	~~2227-201 COSTA VERDE BLVD.~~	63 STREET ADDRESS	2225-30A Costa Verde Blvd.
CITY-ST-ZIP	~~JACKSONVILLE BCH FL~~	64 CITY-ST-ZIP	Jacksonville Bch, FL. 32250

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: ✓ Kenneth L Dittmer 5/1/95 (904) 246-7583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024811