

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

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JACKSONVILLE BEACH FL 32250**

3. Date Incorporated or Qualified

04/10/1970

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-1404101

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Linda F. Williams

4/26/96

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 **VP** ☐ DELETE

NAME **MITCHELL, DOROTHY**
STREET ADDRESS **2302 COSTA VERDE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **President** ☐ Change ☒ Addition

1.2 NAME **Pomar, G. J., Jr.**
1.3 STREET ADDRESS **2307-201 Costa Verde Blvd.**
1.4 CITY-ST-ZIP **Jacksonville Beach, Fl. 32250**

TITLE **P** ☒ DELETE

NAME **DITTMER, KENNETH L.**
STREET ADDRESS **2309-201 COSTA VERDE BLVD.**
CITY-ST-ZIP **JACKSONVILLE BCH FL**

2.1 TITLE **Vice-President** ☐ Change ☒ Addition

2.2 NAME **Donegan, Robert F.**
2.3 STREET ADDRESS **2307-301 Costa Verde Blvd.**
2.4 CITY-ST-ZIP **Jacksonville Beach, Fl. 32250**

TITLE **D** ☐ DELETE

NAME **BOWLES, MARY ANN**
STREET ADDRESS **2311-201 COSTA VERDE BLVD.**
CITY-ST-ZIP **JACKSONVILLE BCH FL**

3.1 TITLE **Treasurer** ☐ Change ☒ Addition

3.2 NAME **Holyfield, William G., Jr.**
3.3 STREET ADDRESS **2311-201 Costa Verde Blvd.**
3.4 CITY-ST-ZIP **Jacksonville Beach, Fl. 32250**

TITLE **D** ☒ DELETE

NAME **HOLYFIELD, POLLY**
STREET ADDRESS **2311-201 COSTA VERDE BLVD.**
CITY-ST-ZIP **JACKSONVILLE BEACH FL**

4.1 TITLE **Director** ☐ Change ☒ Addition

4.2 NAME **Morales, Ricardo Jr.**
4.3 STREET ADDRESS **2307-102 Costa Verde Blvd.**
4.4 CITY-ST-ZIP **Jacksonville Beach, Fl. 32250**

TITLE **S** ☐ DELETE

NAME **BRINKMAN, WALTER**
STREET ADDRESS **2327-201 COSTA VERDE BLVD.**
CITY-ST-ZIP **JACKSONVILLE BCH FL**

5.1 TITLE **Director** ☐ Change ☒ Addition

5.2 NAME **Smith, Mildred H.**
5.3 STREET ADDRESS **2309-202 Costa Verde Blvd.**
5.4 CITY-ST-ZIP **Jacksonville Beach, Fl. 32250**

TITLE **D** ☐ DELETE

NAME **BECKER, WILLIAM**
STREET ADDRESS **2325-302 COSTA VERDE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL**

6.1 TITLE **Director** ☒ Change ☐ Addition

6.2 NAME **Mitchell, Dorothy**
6.3 STREET ADDRESS **2303-202 Costa Verde Blvd.**
6.4 CITY-ST-ZIP **Jacksonville Beach, 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)(k), 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

William G. Holyfield, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96
Date

(904) 246-7523
Daytime Phone #

CR2E037 (12/95)