

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91542 047 ****61.25

DOCUMENT # 718186

1. Entity Name

VISTA DEL MAR ASSOCIATION AT JACKSONVILLE BEACH, INC.

Principal Place of Business

Mailing Address

**1835 N 3RD ST
 JACKSONVILLE BEACH FL 32250**

**P.O. BOX 330507
 ATLANTIC BEACH FL 32233**

2. Principal Place of Business

Marvin Real Estate

3. Mailing Address

Marvin Real Estate

Suite, Apt. #, etc.

1835 N. 3rd. St.

Suite, Apt. #, etc.

P.O. Box 330026

City & State

Jax Beach FL.

City & State

Atlantic Beach FL.

Zip

32250

Country

USA

Zip

32233

Country

USA

4. FEI Number

59-1404101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MARVIN, SONIA M
 1835 N. 3RD ST.
 JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-4-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **POMAR, GIL J**
 STREET ADDRESS **4841 ALGONQUIN AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **SD** ☐ Delete
 NAME **SHUMATE, HOWARD L**
 STREET ADDRESS **2307 COSTA VERDE BLVD., UNIT 102**
 CITY-ST-ZIP **JACKSONVILLE BCH FL 32250**

TITLE **VD** ☐ Delete
 NAME **WEYER, JOHN J**
 STREET ADDRESS **5012 ORTEGA FOREST DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **TD** ☐ Delete
 NAME **HOLYFIELD, WILLIAM G JR.**
 STREET ADDRESS **4292 VENETIA BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Change ☐ Addition
 NAME **Shumate, Howard**
 STREET ADDRESS **2309 Costa Verde Blvd. #102**
 CITY-ST-ZIP **Jacksonville Beach FL 32250**

TITLE **VD** ☒ Change ☐ Addition
 NAME **Weyer, John J**
 STREET ADDRESS **5078 Ortega Forest Drive**
 CITY-ST-ZIP **Jacksonville FL 32210**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 617, 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 like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-02

CR2E037 (9/01)