2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 08:00 AN Secretary of State

DOCUMENT # 718186 1. Entity Name VISTA DEL MAR ASSOCIATION AT JACKSONVILLE BEACH, INC.							Se	creta	ry of	State
Principal Place of Business MARVIN REAL ESTATE 1835 N. 3RD ST. IACKSONVILLE BEACH, FL 32250 Principal Place of Business Mailing Address MARVIN REAL ESTATE PO BOX 330026 ATLANTIC BEACH, FL 32250 3. Mailing Address				32233						
Suite, Apt.		<u> </u>	- Suite, Apt. #, etc.			02132004	Chg-NP	en sekseri erkiri er	37 (10/03)	erien en en er
City & State		ci	City & State			4. FEI Number				pilled For
Zip Country			Zîp		miry	59-1404	101 Status Desired		\$8.75 Ad	
ļ	5. Name and Address of Curren		t Registered Agent		7. Name and Address of New Registered Agent				d	
					Name				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
MARVIN, SONIA M 1835 N. 3RD ST.					Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE BEACH, FL 32250										
				i	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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstalling) OATE										
Filling Fee is \$61.25 9. Election Campa Due by May 1, 2004 Trust Fund Con						\$5.00 May Be Added to Fees				
10.	OFFICE SD	ERS AND DIRECTORS	ORS 11.			ADDITIONS/CHAI	NGES TO OFFICE	ERS AND D	IRECTORS IN	I 10 ☐ Addition
NAME STREET ADDRESS CITY-ST-ZF	SHUMATE, HOWARD L				E ET ADORESS '-SI-ZIP		linonana	ነርብ ጉጉ ፈ	•	_
TITLE	VD		☐ Delete III			Ū	U000000 3729704-8	0048-0	Citarios	⊃c∏ Addition
NAME STREET AGORESS CITY-ST-ZIP	WEYER, JOHN J 5078 ORTEGA FOREST DR. JACKSONVILLE, FL 32210		1 "		E ET ADDRESS -ST-IP				0211	~ .
TITLE	PD		☐ Defete						☐ Change	☐ Addition
NAME STREET ADDRESS	HOLYFIELD, WILLIAM G JR. 4292 VENETIA BLVD.		NA) STF		E EET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE, FL 32210				-ST-ZP	<u> </u>				
TITLE NAME	TO THOMPSON, CHARL	ES	Delete	TITE.	ŧ				Change	☐ Addition
STREET ADDRESS	5048 ORTEGA FARM	IS BLVD.		STRE	ET ADDRESS -ST-ZIP					
CITY-ST-ZIP	JACKSONVILLE, FL	32210	☐ Delete	TITL					Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		Lis.		STRI	F					
TIPLE NAME STREET ADDRESS CITY-ST-ZIP			Deletie	מונט	E ET ADDRESS I-SI-ZIP				☐ Change	☐ Addition
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 Black 10 or Block 11 if changed, or on an allachment with an address, why all other like suppowered.										
SIGNATURE: 11/1/2019 SAN 3-24-04 249-8599										