

FILED

Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90066 030 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 718186

1. Entity Name
VISTA DEL MAR ASSOCIATION AT JACKSONVILLE
BEACH, INC.Principal Place of Business
MARVIN REAL ESTATE
1835 N. 3RD ST.
JACKSONVILLE BEACH, FL 32250Mailing Address
MARVIN REAL ESTATE
PO BOX 330026
ATLANTIC BEACH, FL 32233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1404101Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 20069. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME SHUMATE, HOWARD L
STREET ADDRESS 2309 COSTA VERDE BLVD. #102
CITY-ST-ZIP JACKSONVILLE BCH, FL 32250TITLE VD ☒ Delete
NAME WEYER, JOHN J
STREET ADDRESS 5078 ORTEGA FOREST DR.
CITY-ST-ZIP JACKSONVILLE, FL 32210TITLE PD ☐ Delete
NAME HOLYFIELD, WILLIAM G JR.
STREET ADDRESS 4292 VENETIA BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32210TITLE TD ☐ Delete
NAME POMAR, GILBERT J JR
STREET ADDRESS 4159 OXFORD AVE
CITY-ST-ZIP JACKSONVILLE, FL 32210TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD ☐ Change ☐ Addition
NAME Donegan, Robert
STREET ADDRESS 2307 Costa Verde Blvd # 301
CITY-ST-ZIP Jacksonville Beach, FL 32250TITLE D ☐ Change ☒ Addition
NAME Davis Jack
STREET ADDRESS 4930 MORVER RD
CITY-ST-ZIP Jacksonville, FL 32210TITLE D ☐ Change ☐ Addition
NAME Miller, Alfred
STREET ADDRESS 4605 Ortega Forest Dr
CITY-ST-ZIP Jacksonville FL 32210TITLE D ☐ Change ☒ Addition
NAME Murray, Lynne
STREET ADDRESS 755 AMSTER GREEN DR
CITY-ST-ZIP Dunwoody, GA 30350TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

manager 3-10-06

Date

Daytime Phone #