


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90065 013 ****61.25

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 32250	Mailing Address MARVIN REAL ESTATE PO BOX 330026 ATLANTIC BEACH, FL 32233
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2. Principal Place of Business - No P.O. Box # 753 Atlantic Blvd Suite, Apt. #, etc. #1	3. Mailing Address PO Box 330026 Suite, Apt. #, etc.
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City & State Atlantic Beach FL	City & State Atlantic Beach FL
Zip 32233	Country USA

901111



03232007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1404101	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MARVIN, SONIA M 1835 N. 3RD ST. JACKSONVILLE BEACH, FL 32250	
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7. Name and Address of New Registered Agent Name Marvin Floyd Realty, Inc Street Address (P.O. Box Number is Not Acceptable) 753 Atlantic Blvd #1 City Atlantic Beach FL Zip Code 32233	
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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 Marvin Floyd Realty Inc. [Signature] 3-26-07
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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHUMATE, HOWARD L 2309 COSTA VERDE BLVD. #102 JACKSONVILLE BCH, FL 32250 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONEGAN, ROBERT 2307 COSTA VERDE BLVD #301 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLYFIELD, WILLIAM G JR. 4292 VENETIA BLVD. JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POMAR, GILBERT J JR 4159 OXFORD AVE JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JACK 4930 MORVER RD JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ALFRED 4605 ORTAGE FOREST DR JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Murray, Lyndre 755 Amster Green Drive Dunwoody, GA 30350 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO Brinkman, Walter 3327 Costa Verde #201 Jacksonville, Beach, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Whelan, Barbara 2329 Costa Verde Blvd #202 Jacksonville Beach, FL 32250 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] 4-26-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #