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Jun 25 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 729363 (2)

1. Corporation Name

RONDETTE ATHLETIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7967 FORT CAROLINE ROAD
PO BOX 11645
JACKSONVILLE FL 32211

7967 FORT CAROLINE ROAD
PO BOX 11645
JACKSONVILLE FL 32211

3. Date Incorporated or Qualified

04/16/1974

4. FEI Number

59-2954781

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☒

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHARLES J SHEARIN
14216 PLEASANT PT LN
JACKSONVILLE FL 32225

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

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 PD
NAME SHEARIN, CHARLES J
STREET ADDRESS 14216 PLEASANT PT LANE
CITY-ST-ZIP JAX FL ☐ DELETE

TITLE VD
NAME LANDA, JEFF
STREET ADDRESS 1785 CHANDELIER CIR E
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE TD
NAME KLUICKER, KEN
STREET ADDRESS 10869 CREEKVIEW DR
CITY-ST-ZIP JAX FL ☒ DELETE

TITLE SD
NAME SINGLEY, SUSAN
STREET ADDRESS 8518 INDIAN AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 12208 Springmoor Five Ct.
1.4 CITY-ST-ZIP Jacksonville, FL 32225

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 12208 Springmoor Five Ct.
2.4 CITY-ST-ZIP Jacksonville, FL 32225

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME CRAIG, BECKY
3.3 STREET ADDRESS 1209 E. Shallowford Dr.
3.4 CITY-ST-ZIP Jax FL 32225

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME CRAIG, BECKY
4.3 STREET ADDRESS 1209 E. Shallowford Dr.
4.4 CITY-ST-ZIP Jax FL 32225

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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

Charles J Shearin

CR2E037 (10/97)