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FILED
Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **739754** (0)

1. Corporation Name

ST. JOHNS TERRACE HOMES, INC.

Principal Place of Business

Mailing Address

**2751 ST. JOHN'S AVENUE
JACKSONVILLE FL 32205**

**2751 ST. JOHN'S AVENUE
JACKSONVILLE FL 32205**

3. Date Incorporated or Qualified

07/29/1977

4. FEI Number

59-0637862

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

**GLASHEEN, CHARLES
200 LAURA STREET
12TH FLOOR
JACKSONVILLE FL 32202**

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

Sean Hardaker

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **JOLLEY, MRS. DEAN**
STREET ADDRESS **4358 TIMUQUANA RD**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **MRS. PAUL HARDAKER**
1.3 STREET ADDRESS **4289 RAPALLO ROAD**
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32244**

TITLE **VD** ☐ DELETE
NAME **GLASHEEN, MRS. CHARLES**
STREET ADDRESS **4655 APACHE AVE.**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **V** ☒ DELETE
NAME **ELLIS, MRS GEORGE**
STREET ADDRESS **5303-207 ORTEGA BLVD.**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

3.1 TITLE **V** ☐ Change ☒ Addition
3.2 NAME **MRS. ERIC BRILL**
3.3 STREET ADDRESS **500 N.W. 23 ST.**
3.4 CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE **V** ☐ DELETE
NAME **TRIMBLE, MRS. JAMES**
STREET ADDRESS **4919 ORTEGA FOREST DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **TOMLINSON, MRS. LAURIE W**
STREET ADDRESS **4459 IROQUOIS AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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

TITLE **ATD** ☐ DELETE
NAME **LOFTIN, MRS. CURTIS**
STREET ADDRESS **1840 CHALLEN AVE.**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

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:

Sean Hardaker

4/2/98

CR2E037 (10/97)