FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 16 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763981 (8)

1. Corporation Name

NORTH DUVAL BEACHES ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O ELLIOT ZISSER ~~1200 GULF LIFE DR. #630~~ JACKSONVILLE FL 32207	C/O ELLIOT ZISSER ~~1200 GULF LIFE DR. #630~~ JACKSONVILLE FL 32207

note address change - Street renamed

3. Date Incorporated or Qualified: 06/30/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1200 Riverplace Blvd #630	26 1200 Riverplace Blvd #630
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZISSER, ELLIOT 1200 GULF LIFE DR #630 JACKSONVILLE FL 32207 address change	81 Name: Elliot Zisser 82 Street Address (P.O. Box Number is Not Acceptable): 1200 Riverplace Blvd. 83 #630 84 City: Jacksonville Fla FL — 85 Zip Code: 32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	EBERT, WILLIAM	12 NAME	
STREET ADDRESS	2303 FIDDLERS LANE	13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BCH. FL 32223	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WEISS, BOB	22 NAME	
STREET ADDRESS	253 SEMINOLE RD.	23 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BCH. FL 32223	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	SHAUGHNESSY, SUZANNE	32 NAME	
STREET ADDRESS	168 OCEANWALK DR. SOUTH	33 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BCH. FL 32223	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	FORE, TRACEY	42 NAME	
STREET ADDRESS	1711 SEA OATS DR.	43 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BCH. FL 32223	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ARLINGTON, DAN	52 NAME	
STREET ADDRESS	1747 SEMINOLE RD.	53 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BCH. FL 32223	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	FROHWEIN, BOB	62 NAME	
STREET ADDRESS	73 OCEANSIDE DR.	63 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BCH. FL 32223	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William P.J. Ebert 5/12/95 (904) 241-9997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000145D