FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 03, 1999 8:00 am
Secretary of State
02-03-1999 90009 017 ****61.25

DOCUMENT # 770248

1 Corporation Name
PVSW HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3802 WINDJAMMER LANE ST AUGUSTINE FL 32095 US	2085 S.R. 3 201 ST. AUGUSTINE FL 32084 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 2085 A1A South	09/15/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 201	4. FEI Number 59-2433779 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 St Augustine	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 32084 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~KATTMAN, JOHN F~~
~~1920 SAN MARCO BLVD~~
~~JACKSONVILLE FL 32207~~

10. Name and Address of New Registered Agent

81 Name Philip H. Jacobs
82 Street Address (P.O. Box Number is Not Acceptable) 208 A1A South #201
83
84 City St Augustine 85 FL 86 Zip Code 32086

11. Pursuant to the provisions of Sections 617.0501 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 Philip H. Jacobs 3/1/99
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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WEAVER, RONALD M		1.2 NAME	
STREET ADDRESS	7733 WOODSDALE LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HECKMAN, GLENN		2.2 NAME	
STREET ADDRESS	1001 SAND DOLLAR COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL		2.4 CITY-ST-ZIP	
TITLE	~~VD~~	☐ DELETE	3.1 TITLE President	☒ Change ☐ Addition
NAME	STEPHENS, NORM		3.2 NAME	
STREET ADDRESS	2501 SEAGATE LANE NORTH		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, PAM WHITNEY		4.2 NAME	
STREET ADDRESS	4303 SANDCASTLE CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL		4.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	5.1 TITLE Director	☐ Change ☒ Addition
NAME	GARIBAY, SAM		5.2 NAME Richard THFW	
STREET ADDRESS	4190 BELFORT RD, STE 400		5.3 STREET ADDRESS 2803 Seagate Lane	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP St Augustine FL 32084	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Glennis Morris		6.2 NAME	
STREET ADDRESS	214 4th St		6.3 STREET ADDRESS	
CITY-ST-ZIP	St Augustine FL 32095		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Norman Stephens 3/9/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #