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 APR 28 PM 7:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18426 (9)

1. Corporation Name
SELVA NORTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
725 BLACKSTONE BLDG. JACKSONVILLE FL 32202	725 BLACKSTONE BLDG. JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1986
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2749662 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

REITER, DEE D.
725 BLACKSTONE BLDG.
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 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	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	WHEATLEY, SUSAN	1.2 NAME	
STREET ADDRESS	2008 SELVA MADERA COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	JARDINE, EDWARD F JR.	2.2 NAME	
STREET ADDRESS	2051 DUNA VISTA CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BCH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, DONNA	3.2 NAME	
STREET ADDRESS	1064 SELVA MARINA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	LELAND, JANINE	4.2 NAME	
STREET ADDRESS	2039 SELVA MADERA COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	TREACE, JULIA	5.2 NAME	
STREET ADDRESS	1962 COLINA COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	LIBIAN, PAULA	6.2 NAME	
STREET ADDRESS	1939 BRISTA DE MAR CR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	6.4 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: Edward F. Jardine, Jr. APRIL 12, 1995 (904) 241-2070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000479