

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 02 1996 8:00 am
Secretary of State

DOCUMENT # **N18426** (9)
1. Corporation Name
SELVA NORTE HOMEOWNERS ASSOCIATION, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1986		3a. Date of Last Report 04/28/1995	
21		26		4. FEI Number 59-2749662		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REITER, DEE D. 725 BLACKSTONE BLDG. JACKSONVILLE FL 32202				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			
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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREACE, JULIA	5.2 NAME	
STREET ADDRESS	1982 COLINA COURT	5.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTIC BEACH FL	5.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDWARD F. JARDINE, JR.

JUNE 27, 1996

Date

(904) 241-2070

Daytime Phone #

0001555

CR2E037 (3/96)