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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N18426

1. Corporation Name

SELVA NORTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2051 DUNA VISTA CT.
ATLANTIC BEACH FL 32233
US

Mailing Address

2051 DUNA VISTA CT.
ATLANTIC BEACH FL 32233
US

1 3 6 5 1 5 1 5 9 0 1 4 3 - 3 4 5 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country
29 30

2075 VELA NORTE CIR.

ATLANTIC BEACH, FL

32233

3. Date Incorporated or Qualified

12/23/1986

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

9. Name and Address of Current Registered Agent

**JARDINE, EDWARD F JR.
2051 DUNA VISTA COURT
ATLANTIC BEACH FL 32233**

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 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

TITLE **VD** ☒ DELETE
NAME **WHEATLEY, SUSAN**
STREET ADDRESS **2008 SELVA MADERA COURT**
CITY-ST-ZIP **ATLANTIC BEACH FL**

TITLE **P** ☒ DELETE
NAME **JARDINE, EDWARD F JR.**
STREET ADDRESS **2051 DUNA VISTA CT.**
CITY-ST-ZIP **ATLANTIC BCH FL**

TITLE **D** ☒ DELETE
NAME **MCCARTHY, DONNA**
STREET ADDRESS **1064 SELVA MARINA DRIVE**
CITY-ST-ZIP **ATLANTIC BEACH FL**

TITLE **T** ☒ DELETE
NAME **LELAND, JANINE**
STREET ADDRESS **2039 SELVA MADERA COURT**
CITY-ST-ZIP **ATLANTIC BEACH FL**

TITLE **D** ☒ DELETE
NAME **TREACE, JULIA**
STREET ADDRESS **1962 COLINA COURT**
CITY-ST-ZIP **ATLANTIC BEACH FL**

TITLE **SD** ☒ DELETE
NAME **LIBIAN, PAULA**
STREET ADDRESS **1939 BRISTA DE MAR CR**
CITY-ST-ZIP **ATLANTIC BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME **Wilderotter, William**
1.3 STREET ADDRESS **2069 Vela Norte Circle**
1.4 CITY-ST-ZIP **Atlantic Beach FL 32233**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Culp-Cobb, Marsha**
2.3 STREET ADDRESS **2009 Vela Norte Circle**
2.4 CITY-ST-ZIP **Atlantic Beach FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Kane, Kathleen**
3.3 STREET ADDRESS **1869 Brista De Har Circle**
3.4 CITY-ST-ZIP **Atlantic Beach FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Graham, Murray**
4.3 STREET ADDRESS **2075 Vela Norte Circle**
4.4 CITY-ST-ZIP **Atlantic Beach FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Houser, Frank**
5.3 STREET ADDRESS **1975 Brista De Har Circle**
5.4 CITY-ST-ZIP **Atlantic Beach, FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **Kolster, James**
6.3 STREET ADDRESS **1971 Mipaula Court**
6.4 CITY-ST-ZIP **Atlantic Beach FL**

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 with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/9/99

904-246-2800

CR2E037 (11/98)