# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 12, 2005**
**Secretary of State**

DOCUMENT# N18426

**Entity Name:** SELVA NORTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2039 SELVA MADERA CT
ATLANTIC BEACH, FL 32233 US

**New Principal Place of Business:**

**Current Mailing Address:**

2039 SELVA MADERA CT
ATLANTIC BEACH, FL 32233 US

**New Mailing Address:**

**FEI Number: 59-2749662** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TURNER, JEFF L
2039 SELVA MADERA CT
ATLANTIC BEACH, FL 32233 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | TURNER, JEFF L | |
| Address: | 2039 SELVA MADERA CT | |
| City-St-Zip: | ATLANTIC BEACH, FL 32233 US | |
| Title: | VP | ( ) Delete |
| Name: | JARDINE, EDWARD F JR | |
| Address: | 2051 DUNA VISTA COURT | |
| City-St-Zip: | ATLANTIC BCH, FL 32233 US | |
| Title: | SD | ( ) Delete |
| Name: | LINDORFF, DIANNE | |
| Address: | 2092 VELA NORTE CIRCLE | |
| City-St-Zip: | ATLANTIC BEACH, FL 32233 US | |
| Title: | TD | ( ) Delete |
| Name: | JOE, REVIS | |
| Address: | 439 20TH ST | |
| City-St-Zip: | ATLANTIC BEACH, FL 32233 US | |
| Title: | D | ( ) Delete |
| Name: | MARK, MEYER | |
| Address: | 2002 COLINA CT | |
| City-St-Zip: | ATLANTIC BEACH, FL 32233 US | |
| Title: | D | ( ) Delete |
| Name: | FISHER, GLEN | |
| Address: | 2001 MIPAULA CT | |
| City-St-Zip: | ATLANTIC BEACH, FL 32233 US | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF TURNER P 04/12/2005

Electronic Signature of Signing Officer or Director — Date