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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMEN STATE
Sandra B. Mort
Secretary of St
DIVISION OF CORPC IONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:22

DOCUMENT # N20610 (4)

1. Corporation Name

HOYT HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2250 PLAINFIELD AVE. ORANGE PARK FL 32073 US	2250 PLAINFIELD AVE. ORANGE PARK FL 32073 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1987
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2903385 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

POWELL, ROSEMARIE
2250 PLAINFIELD AVE.
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	POWELL, FRANK	1.2 NAME	
STREET ADDRESS	214 ST. JOHNS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☑ Change ☐ Addition
NAME	RUSSELL, BEVERLY	2.2 NAME	D Russell Beverly
STREET ADDRESS	202 ST JOHNS AVE	2.3 STREET ADDRESS	202 St. Johns Ave
CITY-ST-ZIP	GREEN COVE SPRINGS FL	2.4 CITY-ST-ZIP	Green Cove Springs F
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	POWELL, ROSEMARIE	3.2 NAME	
STREET ADDRESS	214 ST. JOHNS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS. FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WINN, OMER	4.2 NAME	
STREET ADDRESS	212 ST JOHNS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPGS. FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☑ Change ☐ Addition
NAME	JAMES, DENNIS	5.2 NAME	V James Dennis
STREET ADDRESS	210 ST JOHNS AVE	5.3 STREET ADDRESS	210 St. Johns Ave
CITY-ST-ZIP	GREEN COVE SPGS. FL	5.4 CITY-ST-ZIP	Green Cove Springs FL
TITLE	V	6.1 TITLE	☑ Change ☐ Addition
NAME	GRANT, ALFORD	6.2 NAME	P Grant Alford
STREET ADDRESS	204 ST JOHNS AVE	6.3 STREET ADDRESS	204 St Johns Ave
CITY-ST-ZIP	GREEN COVE SPRINGS FL	6.4 CITY-ST-ZIP	Green Cove SPRINGS FL

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: Rosemarie Powell Rosemarie Powell 2/10/95 904-264-6050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032631