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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Feb 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N20610

(4)

HOYT HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place	e of Business	Mailing Address			
2250 PLAINFIELD AVE. ORANGE PARK FL 32073 US		2250 PLAINFIELD AVE. ORANGE PARK FL 32073-5454 US			
					3. Date Incorporated or Qualified 3a. Date of Last Report 03/07/1996
2. Principal Pl	ace of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEt Number Applied For 59-2903385 Not Applied ble
Suite, Apt. (#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required
City & State)	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Z(p 24	Country 25	Zip	Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
[24]	9. Name and Address of Current		, o	······································	10. Name and Address of New Registered Agent
			81	Name	
POWELL, ROSEMARIE 2250 PLAINFIELD AVE.			82	Street	Address (P.O. Box Number is Not Acceptable)
	PARK FL 32073		83		
0,0,0,0			84	City	FL 85 Zip Code
office or re	egistered agent, or both, in the State (of Florida. Such change was au	thorized by	the corr	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE _	m familiar with, and accept the obligations of the properties again.				e required when reinstating) DATE
12.	S practice type to or process relative to the professional or OFFICE RS AND		13.	n. signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	≥ DELETE	1.1 TITLE		
NAME	POWELL, FRANK	,	1.2 NAME		Dames, Dennis
STREET ADDRESS	214 ST. JOHNS AVENUE		1.3 STREET	ADDRESS	210 St. Johns Ave
City-St-7iP	GREEN COVE SPRINGS FL		1.4 CITY-S		GREEN COVE SPGS.FL
TITLE	D	☐ DELETE	2 1 TITLE		Fisher Guy 204 St. Johns Ave
NAMÉ	RUSSELL, BEVERLY		22 NAME		Fisher Guy
STREET ADDRESS	202 ST JUHNS AVE		2.3 STREET		204 St. Jours Ave
CHY+S1+ZIP TITLE	GREEN COVE SPRINGS FL	DELETE	2. 4 CITY - S 3.1 TITLE	IT-ZIP	GREEN COVE SPGS, FL.
NAME	STD Powell, rosemarie	C) orrest	3.2 NAME		Certlierine Alford Change Addition
STREET ADDRESS	214 ST. JOHNS AVE.		3.2 NAME	ANNDECC	204 ST JOHNS AVE.
CITY - \$1 - ZIP	GREEN COVE SPGS. FL		3.4. CITY - 5		GREEN COVE SPRINGS FL
101E	D D	DELETE	4.1 TITLE		Change Addition
NAME	WINN, OMER		4. 2 NAME		
STREET ADDRESS	212 ST JOHNS AVE		43 STREET	ADDRESS	
CITY - S1 - ZIP	GREEN COVE SPGS. FL		4.4 CITY - S	T - 21P	
TOLE	Р	DELETE	5.1 TITLE		Change Addition
NAME	JAMES, DENNIS		5.2 NAME		
STREET ADDRESS	210 ST JOHNS AVE		53 STREET		
CITY-ST-7IP	GREEN COVE SPGS. FL	▼ DELETE	54 CITY-S	T-21P	Change Addition
NAME	d Grant, alford	VAI OLLEIL	61 TITLE 62 NAME		Li change Li Audition
STREET ADDRESS	204 ST JOHNS AVE		6.3 STREET	ADDRESS	
CITY+ST-ZIP	GREEN COVE SPRINGS FL		64 CITY-S		
14. Ldo hereb information	by certify that the information supplied in indicated on this annual report or su	upplemental annual report is tru	for the exe	mption s	Istated in Section 119.07(3)(i), Florida Statutes. I further certify that the d that my signature shall have the same legal effect as if made under oath; that report as required by Chapter 617. Englida Statutes: and that my page.
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: Pasanzaza A Porcell 1-17-97 904-264-6050					