

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20610** (4)  
1. Corporation Name  
**HOYT HOUSE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>2250 PLAINFIELD AVE. ORANGE PARK FL 32073 US</b>	Mailing Address <b>2250 PLAINFIELD AVE. ORANGE PARK FL 32073 US</b>
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3. Date Incorporated or Qualified  
**05/12/1987**

4. FEI Number  
**59-2903385**

Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?  
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL
86 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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JAMES, DENNIS</b>
STREET ADDRESS	<b>210 ST. JOHNS AVE.</b>
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RUSSELL, BEVERLY</b>
STREET ADDRESS	<b>202 ST JOHNS AVE</b>
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>POWELL, ROSEMARIE</b>
STREET ADDRESS	<b>214 ST. JOHNS AVE.</b>
CITY-ST-ZIP	<b>GREEN COVE SPGS. FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WINN, OMER</b>
STREET ADDRESS	<b>212 ST JOHNS AVE</b>
CITY-ST-ZIP	<b>GREEN COVE SPGS. FL</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>FISHER, GUY</b>
STREET ADDRESS	<b>204 ST. JOHNS AVE.</b>
CITY-ST-ZIP	<b>GREEN COVE SPGS. FL</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ALFORD, CATHERINE</b>
STREET ADDRESS	<b>204 ST. JOHNS AVE.</b>
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>VP</b>
4.3 STREET ADDRESS	<b>ALFORD GRANT</b>
4.4 CITY-ST-ZIP	<b>212 ST. JOHNS AVE.</b>
	<b>GREEN COVE SPGS. FL.</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>D</b>
5.3 STREET ADDRESS	<b>FISHER GUY</b>
5.4 CITY-ST-ZIP	<b>208 ST. JOHNS AVE.</b>
	<b>GREEN COVE SPGS. FL.</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>P</b>
6.3 STREET ADDRESS	<b>ALFORD CATHERINE</b>
6.4 CITY-ST-ZIP	<b>204 ST. JOHNS AVE.</b>
	<b>GREEN COVE SPGS. FL.</b>

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.

SIGNATURE: **ROSEMARIE H. POWELL**  
*Rosemarie H. Powell* 2-4-98 904-264-6050

CR2E037 (10/97)