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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N20610

1. Corporation Name

HOYT HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2250 PLAINFIELD AVE.
ORANGE PARK FL 32073
US

Mailing Address

2250 PLAINFIELD AVE.
ORANGE PARK FL 32073
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

05/12/1987

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

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

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 D ☐ DELETE
NAME JAMES, DENNIS
STREET ADDRESS 210 ST. JOHNS AVE.
CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE D ☐ DELETE
NAME RUSSELL, BEVERLY
STREET ADDRESS 202 ST JOHNS AVE
CITY-ST-ZIP GREEN COVE SPRINGS FL

TITLE STD ☐ DELETE
NAME POWELL, ROSEMARIE
STREET ADDRESS 214 ST. JOHNS AVE.
CITY-ST-ZIP GREEN COVE SPGS. FL

TITLE VP ☐ DELETE
NAME GRANT, ALFORD
STREET ADDRESS 212 ST JOHNS AVE
CITY-ST-ZIP GREEN COVE SPGS. FL

TITLE D ☐ DELETE
NAME FISHER, GUY
STREET ADDRESS 208 ST JOHNS ST
CITY-ST-ZIP GREEN COVE SPGS. FL

TITLE P ☐ DELETE
NAME ALFORD, CATHERINE
STREET ADDRESS 204 ST. JOHNS AVE.
CITY-ST-ZIP GREEN COVE SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Rosemarie Powell* SIGNATURE REQUIRED *Rosemarie Powell* 1-4-99 904-264-6050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)