Mailing Address

53 MARINE ST

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N33132

Corporation Name

53 MARINE ST

Principal Place of Business

GROVE PARK. SECTION FOUR HOMEOWNERS ASSOCIATION.

ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084 HS US 3. Date Incorporated or Qualifed 2a. Mailing Address 2. Principal Place of Business 07/05/1989 26 21 Applied For Suite, Apt. #, etc. 4. FEI Number Suite, Apt. #, etc. 59-3021031 Not Applicable 22 27 \$8.75 Additional City & State City & State 5. Certificate of Status Desired Fee Required 28 23 Country \$5.00 May Be Zip 6. Election Campaign Financing Zip Country \Box Added to Fees 30 Trust Fund Contribution 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CHILDRE, J. W. Street Address (P.O. Box Number is Not Acceptable) 53 MARINE ST 83 ST AUGUSTINE FL 32084 Zip Code 84 City 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. Vam familiar with and accept the obligations of, Section 617.0503, Florida Statutes. HILDRE SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13 ☐ Addition ☐ DELETE ☐ Change 1 1 TITLE TITLE PTD 12 NAME CHILDRE, J. W. NAME 13 STREET ADDRESS STREET ADDRESS 53 MARINE ST ST AUGUSTINE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 21 TITLE TITLE VSD 22 NAME NAME CHILDRE, I. R. 2 3 STREET ADDRESS 53 MARINE ST STREET ADDRESS ST AUGUSTINE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE MALOTT, JUANITA J NAME 3.3 STREET ADDRESS STREET ADDRESS 53 MARINE ST ST AUGUSTINE FL 34 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition □ DELETE 4 1 TITLE Change TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP 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). Flonda 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 of trusted 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 a fallenging in with an address, with all other like empowered.

51 TITLE

5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

54 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

□ DELETE

□ DELETE

☐ Change

☐ Change

☐ Addition

☐ Addition

FILED

Secretary of State

03-17-1999 90128 020 ****61.25

Mar 17, 1999 8:00 am §

CR2E037 (11/98)