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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

1996

DOCUMENT # N36345

(9)

SCAFF ROAD ASSOCIATION, INC.

<u> </u>													
Principal Place of Business Mailing Address									1104(1(0)				
C/O JAMES E. DAVIDSON. JR. 4651 SALISBURY RD. STE 250 JACKSONVILLE FL 32256			C/O JAMES E. DAVIDSON. JR. 4651 SALISBURY RD. STE 250 JACKSONVILLE FL 32256										
									orated or Qualified /1990	<b>3</b> a. D	ate of Last 01/30/1		
2. Principal Pla	2a. Mailing Address						4. FEI Number			h	Applied For		
21 2395	26 2395 Int'l Golf Pkwy					у	NOI	APPLICABLE			Not Applicable		
Suite, Apt. i	Suite, Apt. #, etc.						5. Certificate o	f Status Desired			Additional Required		
City & State	City & State					6 Election Car	mpaign Financing			O May Be			
23 St. Augustine, FL			28 St. Augustine, FL					Trust Fund Contribution Added to Fees					
Ζιρ			├──			_	Country		8. This corporation has liability for intangible tax under s. 199.032,				
24 3209			29 32095 30			<u> </u>		Florida Statutes  10. Name and Address of New I			Yes No		
	9, Name	and Address of Current	Registere	ed Agent		81	Name		10. Name and	Address of New H	iegisterea	Agent	
D.1.1100	AL 14127A	. c lb											
DAVIDSON, JAMES E., JR. 4851-SALISBURY-ROAD							Street	Addres	s (P.O. Box Numl	ber is Not Acceptab onal Gol:	ole) f Pkuz	17	
		TUAU				83		7 11	Leinaul	Onar dor	1 1 1 1 1 1	<u>y</u>	
SUITE 250 JACKSONVILLE-FL-32256													
JAGNOG	/PI YILEE-TL	-0CC00-				84	St.	Αu	gustine		FL	85 32	269 <sup>6</sup> 5
11. Pursuant t	to the provision	ons of Sections 617.0502	and 617.1!	508, Florida S	Statutes, th	ie above	named of	orooroti	on cubmite this o	tatement for the pur	roope of ch	anging its r	egistered office
or register	red agent, or	both, in the State of Florida to the obligations of, Section	a. Such ch	iange was at	ith <b>orize</b> d by	y the con	poration's	board (	of directors. I her	eby accept the app	ointment as	registered	agent. I am
•	iri, ariu accop	or the congations of, section	71017,000	oo, i lorga ot	atutos.								
SIGNATURE _	Signature, typied i	or printed name of registered agent a	and title if applic	cable	(NO1E: Re	gistered Age	ent signature r	w beniuper	non reinstating)		DATE		
12.		OFFICERS AND	DIRECTO			13.			ADDITIONS/	CHANGES TO OFF			
TITLE	DP			DELET	E	1.1 TITLE						Change	☐ Addition
NAME	DAVIDS	on, James E., Jr.				1.2 NAME							
STREE1 ADDRESS		ALISBURY RD #250				1.3 STREE	I ADDRESS			national			У
CITY+ST-ZIP	JACKSO	ONVILLE FL				1.4 CITY-	\$T - ZIP	St.	<ul> <li>August</li> </ul>	ine, FL	3209		F-1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE	D			DELET	E	2.1 TITLE						Change	Addition
NAME	BAIONI,					2.2 NAME							
STREET ADDRESS		ew getwell RD.					T ADDRESS	ļ					
CITY-ST-ZIP	MEMPH	IS IN		["]DELET	c	2.4 CITY- 3.1 TITLE	-ST-ZIP	<del> </del>		·		Change	Addition
TITLE	D CTURRI	PPIPED MINELIALS LE		Finition	L			1				☐ Onlinge	
NAME		EFIELD, WILLIAM H. EW GETWELL RD.				3.2 NAME	1 ADDRESS	1					
STREET ADDRESS	MEMPH					3.3 STREE							
CITY-ST-ZIP TITLE	VST	IV III		DELET	E	4.1 TITLE	-01.51L	<del> </del>				Change	☐ Addition
NAME		UARDO E.				4. 2 NAMI							
STREET ADDRESS		ALISBURY RD #250				4.3 STREE	T ADDRESS	239	95 Inter	national	Golf	Pkw	y
CITY-ST-ZIP		ONVILLE FL				4.4 CITY-		St.		ine, FL	3209	15	
THTLE				DELET	E	5.1 TITLE						Change	Addition
NAME						5.2 NAME							
STREET ADDRESS						5.3 STREE	T ADDRESS						
CITY-ST-ZIP						5.4 CITY -	ST-ZIP	<b>.</b>					<del></del>
TITLE				DELET	ŧ	6.1 TITLE						Change	☐ Addition
NAME						6.2 NAME							
STREET ADDRESS							T ADDRESS						
CITY-ST-ZIP		the left was to	data data diri	and the second state of th	State -	6.4 CITY-		olifi ( fo:	the eventure of	atad in Castian 110	07(2)/IA E1	orida Ctatut	toe I further
14. I do hereb certify that oath; that appears in	by certify that It the informat It am an offic In Block 12 or	the information supplied w tion indicated on this annu- er or director of the eorpor Block 13 if changed, or o	nth this filling all report or ation or the carried attack	ng le voluntar r supplement e receiver or himent with a	at annuat to trustee en n addrese.	u and do eport is to powered	es not qua to execu	ality for courate te this r	and that my sign report as required	ated in Section 119 lature shall have the liby Chapter 617, Fi	.ur(s)(k), Fli same lega orida Statu	inga Statut f effect as if tes; and the	ies. Huither f made under at my name

SIGNATURE:

LOUIS BAIONT 4/29/94 (901).369-1500

Date Date Dayling Phone 1

CR2E037 (12/95)