

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N36345 (9)**

1. Corporation Name

**SCAFF ROAD ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

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

2. Principal Place of Business

2a. Mailing Address

21 2395 Int'l Golf Pkwy

26 2395 Int'l Golf Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 St. Augustine, FL

28 St. Augustine, FL

24 Zip

Country

29 Zip

Country

32095

30 32095

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIDSON, JAMES E., JR.  
4651-SALISBURY-ROAD  
SUITE 250  
JACKSONVILLE-FL-32256

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2395 International Golf Pkwy

83

84 City

St. Augustine

FL

85 Zip Code

32095

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME DAVIDSON, JAMES E., JR.  
STREET ADDRESS 4651 SALISBURY RD #250  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 2395 International Golf Pkwy  
1.4 CITY-ST-ZIP St. Augustine, FL 32095

TITLE D ☐ DELETE  
NAME BAIONI, LOUIS  
STREET ADDRESS 3791 NEW GETWELL RD.  
CITY-ST-ZIP MEMPHIS TN

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

TITLE D ☐ DELETE  
NAME STUBBLEFIELD, WILLIAM H.  
STREET ADDRESS 3791 NEW GETWELL RD.  
CITY-ST-ZIP MEMPHIS TN

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

TITLE VST ☐ DELETE  
NAME GIL, EDUARDO E.  
STREET ADDRESS 4651 SALISBURY RD #250  
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 2395 International Golf Pkwy  
4.4 CITY-ST-ZIP St. Augustine, FL 32095

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS BAIONI

Date

4/29/96

Daytime Phone #

(901) 369-1500

CR2E037 (12/95)