

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
SERIES B: MORTGAGE
SECRETARY OF STATE
CORPORATE REGISTRATIONS

DOCUMENT # **N38676** (5)

SIMOND JOHNSON COMMUNITY ASSOCIATION, INC.

FILED
SECRETARY OF STATE
OF FLORIDA
95 MAY -1 PM 12:57

Principal Place of Business

Mailing Address

1996 EARLINE DRIVE
JACKSONVILLE FL 32209

1996 EARLINE DRIVE
JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3022244

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASSARD, RICHARD
1996 EARLINE DR.
JACKSONVILLE FL 32209

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then sign above

Signature typed or printed name of registered agent and then sign above

1551

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BASSARD, RICHARD
STREET ADDRESS	1996 EARLINE DR.
CITY, ST, ZIP	JAX, FL 32209
TITLE	VD
NAME	MCBRIDE, ANNIE
STREET ADDRESS	1509 W 28 ST
CITY, ST, ZIP	JAX, FL 32209
TITLE	SD
NAME	ARMSTEAD, SALLIE M.
STREET ADDRESS	1571 W 27 ST
CITY, ST, ZIP	JAX, FL 32209
TITLE	D
NAME	CARTER, ROSSIE
STREET ADDRESS	1423 ROYAL CT LN
CITY, ST, ZIP	JAX, FL 32209
TITLE	D
NAME	HOUSTON, MARY
STREET ADDRESS	1481 W 28 ST
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard Bassard

Annie M. McBride-VPD

April 20, 1994 (904)765-3367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature (Block 8)