FILE NOW: FILING FEE AFTER MAY 1 IS ~~$155.00~~ $61.25

CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # N38676 (5)

1. Corporation Name
SIMOND JOHNSON COMMUNITY ASSOCIATION, INC.

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~~ 4/25/96
4. FEI Number: 59-3022244 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] ~~$61.25~~ Supplemental Fee Not Required 61.25
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BASSARD, RICHARD
1996 EARLINE DR.
JACKSONVILLE FL 32209

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BASSARD, RICHARD	12 NAME	
STREET ADDRESS	1996 EARLINE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 32209	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MCBRIDE, ANNIE	22 NAME	
STREET ADDRESS	1509 W 28 ST	23 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 32209	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	ARMSTEAD, SALLIE M.	32 NAME	
STREET ADDRESS	1571 W 27 ST	33 STREET ADDRESS	
CITY-ST-ZIP	JAX, FL 32209	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CARTER, ROSSIE	42 NAME	100001888591
STREET ADDRESS	1423 ROYAL CT LN	43 STREET ADDRESS	-07/09/96--01125--040
CITY-ST-ZIP	JAX, FL 32209	44 CITY-ST-ZIP	***61.25
~~TITLE~~	~~D~~	51 TITLE	☐ Change ☐ Addition
~~NAME~~	~~HOUSTON, MARY~~	52 NAME	RENIA VICKERS
~~STREET ADDRESS~~	~~1481 W 28 ST~~	53 STREET ADDRESS	3902 MONCRIEF ROAD
~~CITY-ST-ZIP~~	~~JACKSONVILLE FL~~	54 CITY-ST-ZIP	JACKSONVILLE, FL. 32209
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

4/96

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)(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.

SIGNATURE: Annie Mae McBride Annie M. McBride-VPD ~~April 20, 1994~~ (904)765-3367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #