

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:17

DOCUMENT # N41188

(6)

1. Corporation Name

ANASTASIA ISLAND RESORT, INC.

Principal Place of Business

Mailing Address

~~XXXXXX~~ P.O. BOX 840037 ~~XXXXXX~~ P.O. BOX 840037
ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/04/1990 3a. Date of Last Report 05/01/1994

4. FEI Number 59-3044098 Applied For Not Applicable

2. Principal Place of Business
21 P.O. BOX 840037

2a. Mailing Address
25 P.O. BOX 840037

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

ST. AUGUSTINE, FL

ST. AUGUSTINE, FL

24 32084-0037 25 Country USA

26 32084-0037 27 Country USA

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 S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WYTIAZ, JOSEPH L
926 SANTA MARIA BLVD.
ST AUGUSTINE FL 32088

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
4825 AIA SOUTH

83

84 City

ST. AUGUSTINE,

FL

85 Zip Code 32084

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 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 DPT
NAME WYTIAZ, JOSEPH L.
STREET ADDRESS 926 SANTA MARIA BLVD.
CITY - ST - ZIP ST AUGUSTINE FL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE D
NAME EDGAR FOOSHEE
STREET ADDRESS 10656 JOEIS ROAD
CITY - ST - ZIP JACKSONVILLE, FL. 32221

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE D
NAME WYTIAZ, MICHAEL
STREET ADDRESS 4825 AIA SOUTH
CITY - ST - ZIP ST. AUGUSTINE, FL. 32084

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 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

4/26/95

Date

904-471-7779

Telephone Number