

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N41188

(6)

1. Corporation Name

ANASTASIA ISLAND RESORT, INC.



Principal Place of Business

Mailing Address

P O BOX 840037
ST AUGUSTINE FL 32084-0037
US

PO BOX 840037
ST AUGUSTINE FL 32084-0037
US

3. Date Incorporated or Qualified
12/04/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3044098

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**

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
4825 A1A SOUTH
ST AUGUSTINE FL 32084**

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 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 street address

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS **4825 A1A SOUTH**
14 CITY-ST-ZIP **ST. AUGUSTINE, FL 32084**

TITLE ☐ DELETE
NAME **D FOOSHEE, EDGAR**
STREET ADDRESS **10656 JOES RD**
CITY-ST-ZIP **JACKSONVILLE FL**

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS **10656 JOES ROAD**
24 CITY-ST-ZIP **JACKSONVILLE, FL 32221**

TITLE ☐ DELETE
NAME **D WYTIAZ, MICHAEL**
STREET ADDRESS **4825 A1A SOUTH**
CITY-ST-ZIP **ST AUGUSTINE FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
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:

Joseph L. Wytiaz

JOSEPH L. WYTIAZ

3/26/96

(904) 471-5263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)