

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 # **N41697** (6)

1. Corporation Name

**THE LINCOLN, RICHARDSON, WASHINGTON ESTATES COMM
UNITY ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**6826 RICHARDSON RD
JACKSONVILLE FL 32209
US**

**6826 RICHARDSON RD
JACKSONVILLE FL 32209
US**

3. Date Incorporated or Qualified
01/16/1991

3a. Date of Last Report
06/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JONES, MARY L.
6826 RICHARDSON RD
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 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

TITLE **PD** ☐ DELETE
NAME **JONES, MARY L.**
STREET ADDRESS **6826 RICHARDSON RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **ANDERSON, JOE**
STREET ADDRESS **7033 RICHARDSON RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☐ DELETE
NAME **LLOYD, HORTENSE**
STREET ADDRESS **6581 RIBAUT RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **GANTT, SARAH L.**
STREET ADDRESS **5073 ANDREW ROBINSON**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **PRIME, JAMES**
STREET ADDRESS **7153 RICHARDSON RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE
NAME **HAMP, WILLIAM J.**
STREET ADDRESS **7066 RICHARDSON RD**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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:

James C. Prime
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96 **904-764-6691**
Date Daytime Phone #

CR2E037 (12/95)