

**CORPORATION
ANNUAL REPORT
1995**

Florida Department of State
Division of Corporations
Secretary of State

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N51377 (2)
1. Corporation Name
COMMUNITY ASSOCIATION OF BEAR RUN UNIT 6, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
P. O. BOX 1381 ORANGE PARK FL 32073 US		P. O. BOX 1381 ORANGE PARK FL 32073 US	
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 32067	30

3. Date Incorporated or Qualified	3a. Date of Last Report
10/20/1992	04/19/1994
4. FEI Number	Applied For Not Applicable
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	\$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

MCWILLIAMS, A. E.
4711 HWY 17TH SOUTH, STE. #8
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	FL 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCWILLIAMS, A. E.
STREET ADDRESS	4711 US HWY 17 SO #8
CITY - ST - ZIP	ORANGE PARK FL
TITLE	D
NAME	MCWILLIAMS, MACY C.
STREET ADDRESS	4711 US HWY 17 SO #8
CITY - ST - ZIP	ORANGE PARK FL
TITLE	D
NAME	BIAS, BETTE R
STREET ADDRESS	1768 ALDER DR
CITY - ST - ZIP	ORANGE PARK FL 32073
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 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 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]

A.E.M. Williams

4/25/95 (904)264-5006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #