

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N51377 (2)**

1. Corporation Name

COMMUNITY ASSOCIATION OF BEAR RUN UNIT 6, INC.



Principal Place of Business

Mailing Address

P. O. BOX 1381
ORANGE PARK FL 32073
US

P. O. BOX 1381
ORANGE PARK FL 32067
US

3. Date Incorporated or Qualified

10/20/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **P.O. Box 278**

25 **1242 Tahoe Ct**

4. FEI Number

59-3260806

Applied For

NOT APPLICABLE

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Green Cove Springs**

27 **Orange Park**

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

City & State

City & State

23 **FL**

28 **FL**

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **32043-0228**

25 **Clay**

29 **32065**

30 **Clay**

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

MCWILLIAMS, A. E.

**4711 HWY 17TH SOUTH, STE. #8
ORANGE PARK FL 32073**

81 Name

Robert C. Little

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

1242 Tahoe Ct

83

84

Orange Park

FL

85 Zip Code

32065

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

Robert C. Little

Signature, typed or printed name of registered agent and title if applicable

Robert C. Little (Clit)

(NOTE: Registered Agent signature required when installing)

3/11/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCWILLIAMS, A. E.	
STREET ADDRESS	4711 US HWY 17 SO #8	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCWILLIAMS, MACY C.	
STREET ADDRESS	4711 US HWY 17 SO #8	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BIAS, BETTE R	
STREET ADDRESS	1766 ALDER DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert C. Little	
1.3 STREET ADDRESS	1242 Tahoe Ct.	
1.4 CITY-ST-ZIP	Orange Park, FL 32065	
2.1 TITLE	Treasurer, D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jim Gillespie	
2.3 STREET ADDRESS	1324 Rushing	
2.4 CITY-ST-ZIP	Orange Park, FL 32065	
3.1 TITLE	Secretary, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gary Turner	
3.3 STREET ADDRESS	1284 Cutlass Rd	
3.4 CITY-ST-ZIP	Orange Park, FL 32065	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	400001758764	
5.3 STREET ADDRESS	-03/27/96--01001--037	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert C. Little - President

3/11/96

904-284-6355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

3-26-96