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

APPROVED AND FILED
95 APR 26 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N51426 (7)

1. Corporation Name
HECKSCHER DRIVE COMMUNITY CLUB, INC.

Principal Place of Business	Mailing Address
9064 HECKSCHER DR JACKSONVILLE FL 32226	9064 HECKSCHER DR JACKSONVILLE FL 32226

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1992
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-6004533 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SAMMONS, JESSIE W.
9280 HECKSCHER DR
JACKSONVILLE FL 32226

10. Name and Address of New Registered Agent

81 Name: MICHAEL LEE SEYMOUR
82 Street Address (P.O. Box Number Is Not Acceptable): 9478 HECKSCHER DRIVE
83
84 City: JACKSONVILLE FL 85 Zip Code: 32226

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: Michael Lee Seymour — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
MICHAEL LEE SEYMOUR, PRESIDENT, April 18, 1995 — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~ALTMAN, NANCY L.~~	1.2 NAME	SEYMOUR, MICHAEL LEE	
STREET ADDRESS	~~9759 HECKSCHER DR.~~	1.3 STREET ADDRESS	9478 HECKSCHER DRIVE	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	DENSON, M'LISS	2.2 NAME		
STREET ADDRESS	9839 HECKSCHER DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32226	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, NINA L	3.2 NAME		
STREET ADDRESS	5520 HECKSCHER DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32226	3.4 CITY-ST-ZIP		
TITLE	~~S~~	4.1 TITLE	S	☒ Change ☐ Addition
NAME	~~IMBODEN, PATRICIA L~~	4.2 NAME	HOPKINS, LINDA	
STREET ADDRESS	~~7230 RAMOTH DRIVE~~	4.3 STREET ADDRESS	5970 HECKSCHER DRIVE	
CITY-ST-ZIP	~~JACKSONVILLE FL 32226~~	4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE	~~T~~	5.1 TITLE	T	☒ Change ☐ Addition
NAME	~~SAMMONS, HOMER K~~	5.2 NAME	SAMMONS, JESSIE W.	
STREET ADDRESS	~~9280 HECKSCHER DRIVE~~	5.3 STREET ADDRESS	9280 HECKSCHER DRIVE	
CITY-ST-ZIP	~~JACKSONVILLE FL 32226~~	5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32226	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SPENCER, THOMAS W.	6.2 NAME		
STREET ADDRESS	5400 CEDAR POINT RD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	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)(i), 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: Michael Lee Seymour — SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR
4/18/95 — Date
(904) 281-1555 — Daytime Phone #
MICHAEL LEE SEYMOUR, PRESIDENT

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