

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51426 (7)

1. Corporation Name

HECKSCHER DRIVE COMMUNITY CLUB, INC.

Principal Place of Business

Mailing Address

9364 HECKSCHER DR
JACKSONVILLE FL 322269364 HECKSCHER DR
JACKSONVILLE FL 32226-24193. Date Incorporated or Qualified
06/29/19923a. Date of Last Report
04/17/19964. FEI Number
59-6004533Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MARIE E. TUCKER
9370 HECKSCHER DR.
JACKSONVILLE FL 32226

10. Name and Address of New Registered Agent

81 Name

Sheila Collins

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

9927 Heckscher Drive

83

84 City

Jacksonville

FL

85 Zip Code

32226

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

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

Sheila Collins, President 3/18/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MARIE E. TUCKER	
STREET ADDRESS	9370 HECKSCHER DR	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	☒ DELETE
NAME	ELIZABETH SPENCER	
STREET ADDRESS	5400 CEDAR POINT RD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	☒ DELETE
NAME	BROWN, NINA L	
STREET ADDRESS	5520 HECKSCHER DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL 32226	
TITLE	S	☐ DELETE
NAME	MADELINE REED	
STREET ADDRESS	9209 FREDERICK ST	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	T	☐ DELETE
NAME	SAMMONS, JESSIE W	
STREET ADDRESS	9280 HECKSCHER, DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	JOE D. CHAPMAN	
STREET ADDRESS	10218 HECKSCHER DR	
CITY - ST - ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	Sheila Collins	
1.3 STREET ADDRESS	9927 Heckscher Dr	
1.4 CITY - ST - ZIP	Jacksonville, FL 32226	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	Marie Tucker	
2.3 STREET ADDRESS	9370 Heckscher Dr	
2.4 CITY - ST - ZIP	Jacksonville, FL 32226	
3.1 TITLE	VD	☒ Change ☒ Addition
3.2 NAME	Elyse Vincent	
3.3 STREET ADDRESS	6150 Heckscher Dr	
3.4 CITY - ST - ZIP	Jacksonville, FL 32226	
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 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:

Sheila Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheila Collins 2/19/97 296-7272

Date

Daytime Phone # 0000-1111

CR2E037 (9/96)