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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51426

1. Corporation Name

HECKSCHER DRIVE COMMUNITY CLUB, INC.

Principal Place of Business	Mailing Address
9364 HECKSCHER DR JACKSONVILLE FL 32226	9364 HECKSCHER DR JACKSONVILLE FL 32226

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed: 06/29/1992

4. FEI Number: 59-6004533 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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
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 Jessie W. Sammons 3/16/1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	VINCENT, ELYSE		1.2 NAME	Adcox, BARBARA	
STREET ADDRESS	6150 HECKSCHER DR		1.3 STREET ADDRESS	8746 McKENNA DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32226		1.4 CITY-ST-ZIP	JACKSONville, Fl. 32226	
TITLE	S	☒ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME	ALTMAN, NANCY		2.2 NAME	WYNN, WANDA	
STREET ADDRESS	9759 HECKSCHER DR		2.3 STREET ADDRESS	8872 Heckscher DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32226		2.4 CITY-ST-ZIP	JACKSONville, Fl. 32226	
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	TUCKER, MARIE		3.2 NAME	Leigh, GERALDine	
STREET ADDRESS	9370 HECKSCHER DR		3.3 STREET ADDRESS	6026 HECKSCHER DR.	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	JACKSONville, Fl. 32226	
TITLE	VD	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MADELINE REED		4. 2 NAME	Powers, Billy	
STREET ADDRESS	9209 FREDERICK ST		4.3 STREET ADDRESS	6726 RAMOTH DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32226		4.4 CITY-ST-ZIP	JACKSONville, Fl. 32226	
TITLE	PD	☐ DELETE	5.1 TITLE	T/D	☒ Change ☐ Addition
NAME	SAMMONS, JESSIE W		5.2 NAME	Spruill, DAVid	
STREET ADDRESS	9280 HECKSCHER, DRIVE		5.3 STREET ADDRESS	15333 CAPE DR. S.	
CITY-ST-ZIP	JACKSONVILLE FL 32226		5.4 CITY-ST-ZIP	JACKSONville, Fl. 32226	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SPRUILL, DAVID		6.2 NAME		
STREET ADDRESS	15333 CAPE DR S		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32226		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 03/15/99 904-757-2216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #