

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002647 (6)

1. Corporation Name

SEVEN PINES ISLAND MARINA ASSOCIATION, INC.

Principal Place of Business
% C SPURLING
2318 PINE ISLAND CT
JACKSONVILLE FL 32224
US
Mailing Address
% C SPURLING
2318 PINE ISLAND CT
JACKSONVILLE FL 32224-1167
US3. Date Incorporated or Qualified
06/14/1993
3a. Date of Last Report
04/01/19962. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country4. FEI Number
59-3218148
Applied 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

10. Name and Address of New Registered Agent

OLSON, ROBERT
2327 PINE ISLAND COURT
JACKSONVILLE, FL
JACKSONVILLE FL 32224

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/20/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	HALL, HARRY	
STREET ADDRESS	2306 PINE ISLAND CT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	☐ DELETE
NAME	DYE, TONY	
STREET ADDRESS	14242 PINE ISLAND DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DST	☐ DELETE
NAME	SPURLING, CATHERINE	
STREET ADDRESS	2318 PINE ISLAND CT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	QUINONES, JOSEPH	
STREET ADDRESS	2402 PINE ISLAND COURT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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 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:

Catherine S. Spurling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97

Date

904-223-6732

Daytime Phone #0006012

CR2E037 (9/96)