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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N93000004219 (2)

1. Corporation Name

PATCH O'BLUE HOMEOWNER'S ASSOC., INC.

Principal Place of Business

Mailing Address

23000 NE 85 AVE ROAD
CITRA FL 32113

23000 N.E. 85 AVE ROAD
CITRA FL 32113

2. Principal Place of Business

21 23000 NE 85 AVE ROAD

Suite, Apt. #, etc.

22 City & State

23 CITRA FL

24 Zip

25 Country

32113

US

2a. Mailing Address

26 23000 NE 85 AVE ROAD

Suite, Apt. #, etc.

27 City & State

28 CITRA FL

29 Zip

30 Country

32113

US

3. Date Incorporated or Qualified

9/15/1993

4. FEI Number

59-3319254

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

9. Name and Address of Current Registered Agent

JON COCKES
23000 NE 85 AVE ROAD
CITRA FL 32113

GLEASON, GEORGE E.
8301 NE HWY 318
CITRA FL 32113

10. Name and Address of New Registered Agent

81 Name JON A COCKES

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

23000 NE 85 AVE ROAD

83

84 City CITRA

FL

85 Zip Code 32113

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 J. A. Cockes JON A. COCKES

4/19/99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D
NAME COCKES JON A.
STREET ADDRESS 23000 NE 85 AVE ROAD
CITY-ST-ZIP CITRA FL 32113

TITLE D
NAME GLEASON, GEORGE E.
STREET ADDRESS 8301 NE HIGHWAY 318
CITY-ST-ZIP CITRA FL 32113

TITLE D
NAME HITCHCOCK ROBERT N.
STREET ADDRESS 8100 NE 232 PLACE
CITY-ST-ZIP CITRA FL 32113

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: J. A. Cockes JON A. COCKES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

DATE

352 546 2747

Daytime Phone #

CR2E037 (11/98)