

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

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1. Corporation Name

FORT GEORGE ISLAND GOLF ASSOCIATION, INC.

Principal Place of Business

111 FLORIDA BLVD
NEPTUNE BEACH FL 32266
US

Mailing Address

111 FLORIDA BLVD
NEPTUNE BEACH FL 32266
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date incorporated or Qualified

10/18/1993

4. FEI Number

59-3246633

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

KING, JOHN P
111 FLORIDA BLVD.
NEPTUNE BEACH FL 32266

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KING, JOHN P

STREET ADDRESS 111 FLORIDA BLVD.

CITY-ST-ZIP NEPTUNE BEACH FL 32266

TITLE D ☐ DELETE

NAME BARR, ALLEN

STREET ADDRESS 10417 PIEDMONT RD.

CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE D ☐ DELETE

NAME ELINSKY, CHARLES

STREET ADDRESS 3389 CHEYENNE LANE

CITY-ST-ZIP JACKSONVILLE FL 32233

TITLE D ☐ DELETE

NAME SEYMOUR, MICHAEL

STREET ADDRESS 2771 - 29 MONUMENT ROAD

CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D ☐ DELETE

NAME KING, JENNINGS B.

STREET ADDRESS 4036 JEBB ISLAND CIR

CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE D ☐ DELETE

NAME BLACK, HORACE

STREET ADDRESS 11080 HECKSHER DRIVE

CITY-ST-ZIP JACKSONVILLE FL 32226

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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN P. KING

2/23/99

1-904-249-8172
Daytime Phone #

CR2E037 (11/98)