## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

CITY-ST-ZIP

N9400000195 (7)

RIDAUGHT LANDING THREE ASSOCIATION, INC.

Principal Place of Business Mailing Address								
2215 E. STATE ROAD 200				PO BOX 1987				3. Date Incorporated or Qualified
YULEE FL 32097				YULEE FL 32097-1987				01/07/1994
UŞ			US					4. FEI Number Applied For
								<b>59-3227622</b> Not Applicable
2. Principal F	lace of Busi	ness	2a.	2a. Mailing Address				5. Certificate of Status Desired S8.75 Additional
21				26				Fee Required
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
City & State				City & State				Trust Fund Contribution Added to Fees
23				28				7. Is this nonprofit corporation a homeowners association?  X Yes  \text{No} No
Zip				Zip Country				8. This corporation owes or has paid the current year Intangible
24	25			30	30		Personal Property Tax due June 30. 🔲 Yes 🔀 No	
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent
						81	Name	
	l, Terreli		Ì	82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
2215 E. STATE ROAD 200							· · · · · · · · · · · · · · · · · · ·	
YULEE	FL <b>3</b> 2097					83		
						84	City	FI 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 reflice 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 re								
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			TE: Registered	Age	nt signature required	
12.	- BB	OFFICERS A	AND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	MEMBETH I ID		DELETÉ	1.1 TIT		K	enneth to Johns Jr. Change Addition
NAME JOHNS, KENNETH L JR STREET ADDRESS 11217 SAN JOSE BLVD				1.2 NAME 1.3 STREET ADDRESS			o`	217 San Jose Blvd.
14 OV COARSI LE EL				i i			' '	
CITY-ST-ZIP TITLE	DV			DELETE 2.1 TO			T-ZIP	
NAME	MITCHELL, STEVEN			22 N			Jo	SHNE. ZAKOSKE Change Standition
STREET ADDRESS	AANAT AAAL IAAP BUAN			I			ا مرن ا ADDRESS	17 SAN JOSE BIUD
	CITY-ST-ZIP JACKSONVILLE FL			2.40			1112	(av E) 32222
TITLE	DS			DELETE	3.1 TIT		N.	Change Addition
NAME	DUNBAR, DEBORAH H.			3.2 No		ME		2
STREET ADDRESS	44047 0441 1000 0110			3.3 S		REET	ADDRESS 112	LIT SAN JOSE BLVD
CITY-ST-ZIP	JACKSONVILLE FL			3.4. 0		TY-S	IT-ZIP	AX, FL 32223
TITLE				DELETE	4.1 TIT	LE		Change Addition
NAME					4. 2 NA	ME		
STREET ADDRESS					4.3 \$11	REET A	ADDRESS	
CITY-ST-ZIP					4.4 CIT		T-ZIP	
TITLE				DELETE	5.1 TIT	LE		☐ Change ☐ Addition
NAME					5.2 NA		ľ	
STREET ADDRESS							ADDRESS	
CITY-ST-ZIP				I DELETE	5.4 CIT		T-ZIP	
TITLE				☐ DELETE	6.1 TIT			Change Addition
NAME STORET ADDOCCO					6.2 NAI		ADDOLOG	

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 13 if changed, or on an attachment with an address.

**FILED** Feb 19 1998 8:00am Secretary of State



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