SECOND N	OTICE: CORPORATION WILL BE D	ISSOLVED ON OR AFTER	AUGUST	7, 1996.	25.1				
MOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO R NONPROFIT FLORIDA DEPARTMEN			IMENT OF		,				
CORPORATION ANNUAL REPORT			. Mortham y of State						
1996 DIVISION OF CORPORATI					Ì				
DOCUMENT # N9400000505 (7)									
Corporation I	Name	•	•						
FIRST COAST CHAPTER OF COMMUNITY ASSOCIATIONS IN STITUTE, INC.									
Principal Place of Business Mailing Address						DIO JOINI OLDIN DOINI GONN	 	Triff Bejar Biji tabi	
4475 US 1 SOUTH 4475 US 1 SOUTH STE. 406 STE. 406									
ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086			6		3. Date Incorpo	rated or Qualified /1994	3a. Date of Las 10/16	t Report /1995	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 59-32	28998		Applied For Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of		1 1	5 Additional Required	
22 City & State		City & State			6. Election Can	npaign Financing	\$5.0	00 May Be	
23	Country	Zip Country				Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			
Zip 24	25	29	30		Florida Statu	tes	Yes No		
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and A	ddress of New Reg	erec Agent		
C/O CAI/ CO. JOHN GERGER P.A.					ddress (P.O. Box Numl	per is Not Acceptab	le)		
					10 hiv R 4475 U	Geiger	D. H.	40 6	
ST. AUGUSTINE FL 32086					`	·i	les :	Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corpor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					corporation submits this	gustine put	FL surpose of changing	its registered	
office or re	gistered agent, or both, in the State on familiar with, and people the obligation	f Florida. Such change was a ions of, Section 617.0503, Flo	uthorized orida Statu	by the corpo	oration's board of direct	ors. I hereby accept	t the appointment a	is registered	
SIGNATURE	Signature reperty printed arms of registered agent	JOHN R Geiges	. 5	7	required when reinstating)		30/E 9 6		
12.	OFFICERS AND		13.		ADDITIONS/G	CHANGES TO OFFIC	CERS AND DIREC	TORS IN 12 TORS IN 12 TORS IN 12 TORS IN 12	
TITLE NAME	JUALL CHRIS J		1.1 TIT 1.2 NA		Keiry G	rajes verside Dri	A.		
STREET ADDRESS	50 N. LAURA STREET, STE. 2000			REET ADDRESS	234 Riv	ierside Dri	ж 71 _ 32		
CITY-ST-ZIP TITLE	JACKSONMLLE-FL 32202 VD DELETE		21 TI	TY - ST - ZIP 'LE	JACKLONV.	112	Char		
NAME	HERREN, JERRY		22 NA						
STREET ADDRESS CITY-ST-ZIP	4600 A1A SOUTH ST. AUGUSTINE FL 32084		1	REET ADDRESS ITY - ST - ZIP					
TITLE	ST	DELETE	3111	/LE			Char	nge Addition	
NAME STREET ADDRESS	AAROA DAWODACC DONE CTC 4		3.2 N/ 3.3 ST	ime Reet address					
CITY-ST-ZIP	PONTE VEDRA BEACH FL 3	2082		TY-ST-ZIP			Chai	nge Addition	
TITLE NAME	TD Arenas, Patricia	DELETE	4.1 TI 4. 2 N						
STREET ADDRESS	10036 SAWGRASS DRIVE S			reet adoress	ŀ				
CITY-ST-ZIP	PONTE VEDRA BEACH FL 3	2082 DELETE	4.4 CI 5 1 Tt	TY-ST-ZIP TLE	PD		Cha	· — i i	
NAME V	GEIGER, JOHN R	<u> </u>	5.2 N		עו			8/,	
STREET ADDRESS CITY-ST-ZIP	4475 US 1 SOUTH, STE. 40 ST. AUGUSTINE FL 32084	ro		TREET ADDRESS				(0)	
TITLE	D	DELETE	6.1 Ti	TLE	D 10 10 10 10 10	ous Ke	Cha	inge Addition	
NAME STREET ADDRESS	HOLLSTEN, MARK 10036 SAWGRASS DR., STI	ב. ממע ב	62 N 6.3 S	ame Treet address	JOHN 0'N 29-C 700 57 Augus	יסוץ לה מי שניהו	HL Blud	6.7	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 3	32082 A DHNK	6.4 C	ITY-ST-ZIP					
further ce	etity that the information indicated on	tris annual report of suppliers or of the corporation of the res	ceiver or tr	ustee empo	true and accurate and t wered to execute this re	hat my signature shi port as required by	all have the same I Chapter 617, Flori	legal effect as if da Statutes; and	
that my n	ame appears in Block 12 or Block 13 i	changed or on an attachme	ant with an	address			21 21	4744774	
SIGNAT	URE:	PRINTED NAME OF SIGNING OFFICE	R OR DIRECT	roa (_ (_)	11	Date 7	Daytime Pro	one #	
SIGNATURE: SIGNATURE: SIGNATURE SHOWLD AND REPED OF HEILES WAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND REPED OF HEILES WAME OF SIGNING OFFICER OR DIRECTOR CO000095									