

FILE NOW: FILING FEE IS \$61.25

FILED  
May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000505 (7)**

1. Corporation Name

**FIRST COAST CHAPTER OF COMMUNITY ASSOCIATIONS IN  
STITUTE, INC.**



Principal Place of Business <b>4475 US 1 SOUTH STE. 406 ST. AUGUSTINE FL 32086</b>	Mailing Address <b>4475 US 1 SOUTH STE. 406 ST. AUGUSTINE FL 32086</b>
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3. Date Incorporated or Qualified <b>01/21/1994</b>	
4. FEI Number <b>59-3228998</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>		
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>		
City & State <b>23</b>	City & State <b>28</b>		
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GIEGER, JOHN R., P.A. 4475 US 1 SOUTH STE. 406 ST. AUGUSTINE FL 32086</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GRAVES, KEITH</b>
STREET ADDRESS	<b>234 RIVERSIDE DR.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>HERREN, JERRY</b>
STREET ADDRESS	<b>4800 A1A SOUTH</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32084</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>MARKS, ANN</b>
STREET ADDRESS	<b>10036 SAWGRASS DRIVE, STE. 1</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>ARENAS, PATRICIA</b>
STREET ADDRESS	<b>10036 SAWGRASS DRIVE STE. 1</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>GEIGER, JOHN R</b>
STREET ADDRESS	<b>4475 US 1 SOUTH, STE. 406</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32084</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>OURSKIE, JOHN</b>
STREET ADDRESS	<b>2900 FOUNTAIN OF YOUTH BLVD.</b>
CITY-ST-ZIP	<b>ST. AUGUSTINE FL 32084</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>C. Guy Bond</b>
6.3 STREET ADDRESS	<b>3010 S. 3rd St</b>
6.4 CITY-ST-ZIP	<b>Jacksonville, FL 32223</b>

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.

SIGNATURE: \_\_\_\_\_ Presim 4/28/98 109794224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Daytime Phone # 0079508

CR2E037 (10/97)