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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N94000000505

1. Corporation Name

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

Principal Place of Business

4475 US 1 SOUTH
STE. 406
ST. AUGUSTINE FL 32086

Mailing Address

4475 US 1 SOUTH
STE. 406
ST. AUGUSTINE FL 32086

426092 - 90043 - 23 2 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/21/1994

4. FEI Number

59-3228998

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

GIEGER, JOHN R., P.A.
4475 US 1 SOUTH
STE. 406
ST. AUGUSTINE FL 32086

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 ☐ DELETE

NAME D
GRAVES, KEITH
STREET ADDRESS 234 RIVERSIDE DR.
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ DELETE

NAME VD
HERREN, JERRY
STREET ADDRESS 4600 A1A SOUTH
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ DELETE

NAME ST
MARKS, ANN
STREET ADDRESS 10036 SAWGRASS DRIVE, STE. 1
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE

NAME TD
ARENAS, PATRICIA
STREET ADDRESS 10036 SAWGRASS DRIVE STE. 1
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ DELETE

NAME PD
GEIGER, JOHN R
STREET ADDRESS 4475 US 1 SOUTH, STE. 406
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ☐ DELETE

NAME D
BOND, C G
STREET ADDRESS 3010 S 3RD ST
CITY-ST-ZIP JACKSONVILLE FL 32223

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 *Geiger*

Date

Daytime Phone #

CR2E037 (1/98)