

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004536 (8)

1. Corporation Name

EMERALD BAY II ASSOCIATION, INC.



Principal Place of Business

6810 ST. AUGUSTINE RD.
JACKSONVILLE FL 32217

Mailing Address

6810 ST. AUGUSTINE RD.
JACKSONVILLE FL 32217

3. Date Incorporated or Qualified

09/12/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 1916 Boothe Circle

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State
Longwood, FL

24 Zip
32750

25 Country
Seminole

27 City & State

29 Zip

30 Country

4. FEI Number

59-3312433

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWTON, CLIFFORD B
10192 SAN JOSE BLVD.
JACKSONVILLE FL 32257

81 Name

Mimi Knight

82 Street Address (P.O. Box Number is Not Acceptable)

1916 Boothe Circle

83

84 City

Longwood

FL

85 Zip Code
32750

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

Mimi Knight

(NOTE: Registered Agent signature required when re-registering)

5/01/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DOSTIE, RENE JR.
STREET ADDRESS 6810 ST. AUGUSTINE RD.
CITY-ST-ZIP JACKSONVILLE FL 32217 ☒ DELETE

1.1 TITLE PD
1.2 NAME Mimi Knight
1.3 STREET ADDRESS 1916 Boothe Circle
1.4 CITY-ST-ZIP Longwood, FL 32750 ☒ Change ☐ Addition

TITLE VD
NAME DOSTIE, RICHARD R
STREET ADDRESS 6810 ST. AUGUSTINE RD.
CITY-ST-ZIP JACKSONVILLE FL 32217 ☒ DELETE

2.1 TITLE VPD
2.2 NAME Arthur Tye
2.3 STREET ADDRESS 1916 Boothe Circle
2.4 CITY-ST-ZIP Longwood, FL 32750 ☒ Change ☐ Addition

TITLE SD
NAME DOSTIE, DAVID O
STREET ADDRESS 6810 ST. AUGUSTINE RD.
CITY-ST-ZIP JACKSONVILLE FL 32217 ☒ DELETE

3.1 TITLE SD
3.2 NAME Jimmy Abernathy
3.3 STREET ADDRESS 1916 Boothe Circle
3.4 CITY-ST-ZIP Longwood, FL 32750 ☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

Mimi Knight

(MIMI KNIGHT)

6/14/96

(407) 831-3311

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)