

FILE NOW: FILING FEE IS \$61.25

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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003851 (1)**

1. Corporation Name

VERNON RECREATION ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
HIGHWAY 79 SOUTH SHADY GROVE ST VERNON FL 32462	P.O. BOX 728 VERNON FL 32462

3. Date Incorporated or Qualified

08/14/1995

4. FEI Number

59-3323334

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAWKINS, JOHN
RR 1 BOX 403 B, COUNTY RD 279
CARYVILLE FL 32427

81 Name **Eddie Brock**
82 Street Address (P.O. Box Number Is Not Acceptable)
3646 Holmes Valley RD.
83
84 City **Vernon FL** 85 Zip Code **32462**

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

Eddie Brock

4-25-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	HAWKINS, JOHN	1.2 NAME	Eddie Brock
STREET ADDRESS	RR1 BOX 403 B, COUNTY RD 279	1.3 STREET ADDRESS	3646 Holmes Valley RD.
CITY-ST-ZIP	CARYVILLE FL	1.4 CITY-ST-ZIP	Vernon FL 32462
TITLE	VP	2.1 TITLE	VP
NAME	MINER, TIM	2.2 NAME	Lee, Keith
STREET ADDRESS	3328 MCFATLER AVE	2.3 STREET ADDRESS	1281 Church ST.
CITY-ST-ZIP	VERNON FL	2.4 CITY-ST-ZIP	Vernon FL 32462
TITLE	Marlow	3.1 TITLE	T
NAME	TERESA	3.2 NAME	Marlow Teresa
STREET ADDRESS	3288 PATE POND RD.	3.3 STREET ADDRESS	3288 PATE POND RD
CITY-ST-ZIP	CARYVILLE FL 32427	3.4 CITY-ST-ZIP	CARYVILLE FL 32427
TITLE	SD	4.1 TITLE	D
NAME	HAWKINS, DONNA	4.2 NAME	Deborah Brock
STREET ADDRESS	RR1 BOX 403 B, COUNTY RD 279	4.3 STREET ADDRESS	3646 Holmes Valley RD
CITY-ST-ZIP	CARYVILLE FL	4.4 CITY-ST-ZIP	Vernon FL 32462
TITLE	D	5.1 TITLE	D
NAME	CHESTNUT, ROBIN	5.2 NAME	Hewett, Wendy
STREET ADDRESS	3381 COOK CIRCLE	5.3 STREET ADDRESS	3822 Douglas Ferry RD
CITY-ST-ZIP	VERNON FL 32462	5.4 CITY-ST-ZIP	Bunkley, FL 32425
TITLE	SD	6.1 TITLE	SD
NAME	WICKER, TERI	6.2 NAME	Wicker, Teri
STREET ADDRESS	1940 LAKEVIEW RD	6.3 STREET ADDRESS	1940 LAKEVIEW RD.
CITY-ST-ZIP	CARYVILLE FL	6.4 CITY-ST-ZIP	CARYVILLE FL 32427

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: **Teresa H. Marlow** **4-25-98** **5-35-9/72**

CR2E037 (10/97)