

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90048 017 ****61.25

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1. Corporation Name

**WAKULLA STATION ESTATES OF OWNER'S ASSOCIATION,
INC.**

Principal Place of Business

569 EDGEWOOD AVENUE SOUTH
JACKSONVILLE FL 32205

Mailing Address

569 EDGEWOOD AVENUE SOUTH
JACKSONVILLE FL 32205



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

10/03/1995

4. FEI Number

59-3374977

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

RAX CO.
569 EDGEWOOD AVENUE SOUTH
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name **W. A. MC. ARTHUR**
82 Street Address (P.O. Box Number is Not Acceptable)
569 EDGEWOOD AVE SOUTH
83
84 City **JACKSONVILLE** **FL** 85 Zip Code **32205**

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

W. A. MC. ARTHUR Pres 4-19-99 904 388 3561

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

(NOT Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD**
STREET ADDRESS **MCARTHUR, W A**
CITY-ST-ZIP **569 EDGEWOOD AVENUE SOUTH**
JACKSONVILLE FL 32205

TITLE ☐ DELETE

NAME **SVD**
STREET ADDRESS **MCARTHUR, D W III**
CITY-ST-ZIP **569 EDGEWOOD AVENUE SOUTH**
JACKSONVILLE FL 32205

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **GAUPIN, W T**
CITY-ST-ZIP **1673 WEST DIRAE DRIVE**
TALLAHASSEE FL 32310

TITLE ☐ DELETE

NAME **T**
STREET ADDRESS **SIMPSON, S D**
CITY-ST-ZIP **569 EDGEWOOD AVENUE SOUTH**
JACKSONVILLE FL 32205

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. A. MC. ARTHUR PRES 4-19-99 904 388 3561

Date

Daytime Phone #

CR2E037 (1/98)