

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90034 040 ****61.25

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1. Corporation Name

CAVITE ASSOCIATION OF JACKSONVILLE, INC.

Principal Place of Business

8470 GRAMPBELL DR
JACKSONVILLE FL 32221
US

Mailing Address

8470 GRAMPBELL DR
JACKSONVILLE FL 32221
US



2. Principal Place of Business

21 8470 Grampell Dr.

Suite, Apt. #, etc.

22

City & State

23 Jacksonville, Florida

Zip

24 32221

Country

25

2a. Mailing Address

26 8470 Grampell Dr.

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, Florida

Zip

29 32221

Country

30

3. Date Incorporated or Qualified

11/08/1995

4. FEI Number

59-3343563

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

PARIN, BERNARDO C.
8470 GRAMPBELL DR
JACKSONVILLE FL 32221

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 Bernardo C. Parin (President)

February 9, 1999

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 **P** ☐ DELETE

NAME **POBLETE, ALICIA N**
STREET ADDRESS **4552 WHISPERING INLET DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **P** ☐ DELETE

NAME **PARIN, BERNARDO**
STREET ADDRESS **8470 GRAMPBELL DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE **D** ☐ DELETE

NAME **VIRATA, AURORA**
STREET ADDRESS **928 RUDDER ROAD**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **D** ☐ DELETE

NAME **HERNANDEZ, ELIZARDO**
STREET ADDRESS **13049 LOBLOLLY LANE NORTH**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **D** ☐ DELETE

NAME **DOMINGUEZ, TERESITA**
STREET ADDRESS **8921 IRONGATE DR**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **D** ☐ DELETE

NAME **DELA CRUZ, CIRIACO**
STREET ADDRESS **1599 CHAIN FERN WAY**
CITY-ST-ZIP **ORANGE PARK FL 32073**

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: Bernardo C. Parin **DUPLICATE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 9, 1999

Date

(904) 786-5679

Daytime Phone #

CR2E037 (11/98)