

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000004742 (0)

1. Corporation Name

ST. JOHNS BLUFF PARK PROPERTY OWNERS ASSOCIATION
, INC.

Principal Place of Business

Mailing Address

11330-1 ST. JOHNS INDUSTRIAL PARKWAY NORTH
JACKSONVILLE FL 32246

11330-1 ST. JOHNS INDUSTRIAL PARKWAY NORTH
JACKSONVILLE FL 32246

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-2966839

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 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

MICKLER, ROBERT O
MARTIN, ADE, BIRCHFIELD & MICKLER, P.A.
3000 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

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 re/instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME TACKEFF, BERTRAM C
STREET ADDRESS 11330-1 ST. JOHNS INDUSTRIAL PARKWAY NORTH
CITY-ST-ZIP JACKSONVILLE FL 32246

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Tackeff, Bertram C
1.3 STREET ADDRESS 303 Goddard Avenue
1.4 CITY-ST-ZIP Brookline, MA 02146

TITLE VTD ☐ DELETE
NAME CURTIS, DOROTHEA M
STREET ADDRESS 11330-1 ST. JOHNS INDUSTRIAL PARKWAY NORTH
CITY-ST-ZIP JACKSONVILLE FL 32246

2.1 TITLE VTD ☒ Change ☐ Addition
2.2 NAME Curtis, Dorothea M.
2.3 STREET ADDRESS 303 Goddard Avenue
2.4 CITY-ST-ZIP Brookline, MA 02146

TITLE SD ☐ DELETE
NAME MATHEWS, JOAN S
STREET ADDRESS 11330-1 ST. JOHNS INDUSTRIAL PARKWAY NORTH
CITY-ST-ZIP JACKSONVILLE FL 32246

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME Mathews, Joan S.
3.3 STREET ADDRESS 303 Goddard Avenue
3.4 CITY-ST-ZIP Brookline, MA 02146

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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

SIGNATURE REQUIRED

CR2E037 (4/97)