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May 01 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 # N96000004757 (8)

1. Corporation Name

DRAYTON PLACE OWNERS ASSOCIATION, INC.

Principal Place of Business

**8351 WESTPORT ROAD
JACKSONVILLE FL 32244**

Mailing Address

**8351 WESTPORT ROAD
JACKSONVILLE FL 32244-5901**



2. Principal Place of Business

21 2215 EAST STATE ROAD 200

Suite, Apt. #, etc

City & State

23 YULEE FL 32097

Zip

24 32097

Country

25 US

2a. Mailing Address

26 P O BOX 1987

Suite, Apt. #, etc.

City & State

28 YULEE FL

Zip

29 32041-1987

Country

30 US

3. Date Incorporated or Qualified

09/11/1996

3a. Date of Last Report

4. FEI Number

59-3425853

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

**MATOVINA, GREGORY E
8351 WESTPORT ROAD
JACKSONVILLE FL 32244**

10. Name and Address of New Registered Agent

81 Name TERRELL J. POWELL

**82 Street Address (P.O. Box Number is Not Acceptable)
2215 EAST STATE ROAD 200**

83

84 City YULEE

FL

85 Zip Code 32097

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

Terrell J. Powell

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

(NOTE: Registered Agent signature required when reinstating)

April 10, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **MATOVINA, GREGORY E**
STREET ADDRESS **8351 WESTPORT ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **DVT** ☐ DELETE
NAME **CHRONISTER, CORINNE**
STREET ADDRESS **8351 WESTPORT ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **DS** ☐ DELETE
NAME **WATSON, JAMES**
STREET ADDRESS **8351 WESTPORT ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **2955 HARTLEY ROAD SUITE 106A**
1.4 CITY-ST-ZIP **JACKSONVILLE FL 32257**

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 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:

Gregory E. Matovina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY E. MATOVINA 1/1/97

904-292-0778

Date

Daytime Phone # 0006502

CR2E037 (9/96)