

FILE NOW: FILING FEE IS \$61.25

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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000006041 (4)**

1. Corporation Name

COLLEGE PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 535 CHARLES PINCKNEY ST. ORANGE PARK FL 32073	Mailing Address P.O. BOX 1381 ORANGE PARK FL 32067
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3. Date Incorporated or Qualified

10/27/1997

4. FEI Number

59-3424234

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 879 Camp Johnson Rd

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Orange Park, FL

28

City & State

24

Zip

Country

29

Zip

Country

25

32067

US

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

**ANSBACHER, BARRY B
1301 RIVERPLACE BLVD., STE. 2450
JACKSONVILLE FL 32207**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **MCWILLIAMS, A.E.**
STREET ADDRESS **P.O. BOX 1381**
CITY-ST-ZIP **ORANGE PARK FL 32067**

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

4711 HWY 175 #8

Orange Park, FL 32073

TITLE **D** ☐ DELETE

NAME **MCWILLIAMS, MACY**
STREET ADDRESS **P.O. BOX 1381**
CITY-ST-ZIP **ORANGE PARK FL 32067**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

4711 HWY 175 #8

Orange Park, FL 32073

TITLE **D** ☐ DELETE

NAME **NICHOLS, LAWRENCE D**
STREET ADDRESS **P.O. BOX 1381**
CITY-ST-ZIP **ORANGE PARK FL 32067**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

879 Camp Johnson Rd.

Orange Park, FL 32067

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 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:

A.E. McWilliams (A.E. McWilliams) 4/22/98 (904) 264-5006

CR2E037 (10/97)