

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 23, 1999 8:00 am
Secretary of State

04-23-1999 90274 019 ****61.25

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1. Corporation Name

THE RESERVE AT GRAND HAVEN HOMEOWNERS ASSOCIATIO
N, INC.

Principal Place of Business

8081 PHILIPS HWY. STE 14
JACKSONVILLE FL 32256

Mailing Address

8081 PHILIPS HWY. STE 14
JACKSONVILLE FL 32256



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 PO BOX 1509
Suite, Apt. #, etc.

27 City & State

28 ST. AUGUSTINE, FL.

29 Zip 30085 30 Country USA

3. Date Incorporated or Qualified

12/19/1997

4. FEI Number

59-3497471

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

COLTON, RALPH
8081 PHILIPS HWY, STE 14
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name MCGREGOR, DEBRA

82 Street Address (P.O. Box Number is Not Acceptable)

83 8081 PHILIPS HWY. #14

84 City JACKSONVILLE FL 85 Zip Code 32256

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-99

12. OFFICERS AND DIRECTORS

TITLE D
NAME COLTON, RALPH
STREET ADDRESS 8081 PHILIPS HWY, STE 14
CITY-ST-ZIP JACKSONVILLE FL 32256 ☒ DELETE

TITLE D
NAME BRATVOLD, VICKI
STREET ADDRESS 8081 PHILIPS HWY, STE 14
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ DELETE

TITLE D
NAME COLLINS, HUNTER
STREET ADDRESS 8081 PHILIPS HWY, STE 14
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ DELETE

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 MCGREGOR, DEBRA ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 8081 PHILIPS HWY. STE 14
1.4 CITY-ST-ZIP JACKSONVILLE, FL. 32256

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MCGREGOR, DEBRA 1-5-99 904-733-288

Date

Daytime Phone #

CR2E037 (11/98)