

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000042763  
1. Corporation Name

BARCELONA COLLECTION MANAGEMENT CORP.

Principal Place of Business Mailing Address  
80 Players Club Villas 80 Players Club Villas  
Ponte Vedra Beach, Ponte Vedra Beach, FL 32082  
Florida 32082

2. Principal Place of Business 2a. Mailing Address  
21 70 Players Club Villas 26 70 Players Club Villas  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Ponte Vedra Beach, FL 28 Ponte Vedra Beach, FL  
Zip Country Zip Country  
24 32082 25 US 29 32082 30 US

3. Date Incorporated or Qualified 3a. Date of Last Report  
06/01/1995  
4. FEI Number Applied For  
59-3330200 Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution 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

RAX CO., a Florida corporation  
c/o Mahoney Adams & Criser, P.A.  
50 N. Laura St., 3400 Barnett Center  
Jacksonville, FL 32202

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 607.0502 and 607.1508, 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 607.0505, 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

TITLE ☐ DELETE  
NAME D/P  
STREET ADDRESS Corbera, Bernard  
CITY-ST-ZIP 70 Players Club Villas  
Ponte Vedra Beach, FL 32082  
TITLE ☐ DELETE  
NAME D  
STREET ADDRESS Williams, Dennis M.  
CITY-ST-ZIP 80 Players Club Villas  
Ponte Vedra Beach, FL 32082  
TITLE ☐ DELETE  
NAME D/VP  
STREET ADDRESS Freeman, Robert D.  
CITY-ST-ZIP 69 Players Club Villas  
Ponte Vedra Beach, FL 32082  
TITLE ☐ DELETE  
NAME D  
STREET ADDRESS Arnall, Joseph H.  
CITY-ST-ZIP ~~Box 200000, 50307~~  
Jacksonville, FL 32240  
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

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP ☐ Change ☐ Addition  
21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP ☐ Change ☐ Addition  
31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP ☐ Change ☐ Addition  
41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS 3rd. South 21st Avenue  
44 CITY-ST-ZIP Jacksonville Beach, FL 32252  
51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP ☐ Change ☐ Addition  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Section 607.06, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard Corbera 8/5/96 (904) 739-9825

Date

Daytime Phone

APPROVED  
AND  
FILED

96 SEP -4 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-09/12/96-01034-007  
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