

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S38673** (7)

1. Corporation Name

EAGLE HARBOR AT FLEMING ISLAND, INC.

Principal Place of Business

**9428 BAYMEADOWS ROAD
SUITE 110
JACKSONVILLE FL 32256**

Mailing Address

**9428 BAYMEADOWS ROAD
SUITE 110
JACKSONVILLE FL 32256**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1991

3a. Date of Last Report

12/15/1994

4. FEI Number

52-1725258

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. 194.112

Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 1980 Eagle Harbor Key

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orange Park, FL

City & State

28 Same

24 32073

25 USA

29

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9. Name and Address of Current Registered Agent

**HEAD, ROBERT J JR
1329-A KINGSLEY AVE.
ORANGE PARK FL 32073**

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 607.1506, 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 of Registered Agent or Registered Agent and the Corporation

Signature of Registered Agent or Registered Agent and the Corporation

12. OFFICERS AND DIRECTORS

**12.1 TITLE: P
12.2 NAME: FENCHUK, GARY W
12.3 STREET ADDRESS: 13704 BEECHWOOD POINTE ROAD
12.4 CITY, ST, ZIP: MIDLOTHIAN VA 23112**

**12.5 TITLE: VS
12.6 NAME: ARROWSMITH, ROGER S
12.7 STREET ADDRESS: 1571 SOUTH SHORE DRIVE
12.8 CITY, ST, ZIP: ORANGE PARK FL 32073**

**12.9 TITLE: AS
12.10 NAME: FLAUM, JAMES
12.11 STREET ADDRESS: 8450 PRESTON TRAIL EAST
12.12 CITY, ST, ZIP: PONTE VEDRA BEACH FL 32082**

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13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 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(2)(b), Florida Statutes. I further certify that the information included 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 member or trustee empowered to execute this report as required by Chapter 607, 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

Gary W Fenchuk 12/95 (804) 7393800