

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718186

**Entity Name:** VISTA DEL MAR ASSOCIATION AT JACKSONVILLE BEACH, INC.**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC5161286479****Current Principal Place of Business:**1825-A NORTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**PO BOX 330026  
ATLANTIC BEACH, FL 32233**FEI Number: 59-1404101****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MARVIN & FLOYD REALTY, INC.  
1825-A NORTH THIRD STREET  
JACKSONVILLE BEACH, FL 32250 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	D
Name	MACK, RICHARD
Address	P. O. BOX 330026
City-State-Zip:	ATLANTIC BEACH FL 32233

Title	SECRETARY
Name	GREEN, CYNTHIA
Address	PO BOX 330026
City-State-Zip:	ATLANTIC BEACH FL 32233

Title	VP
Name	POMAR, GILBERT
Address	PO BOX 330026
City-State-Zip:	ATLANTIC BEACH FL 32233

Title	DIRECTOR
Name	HUNTLEY, WARD
Address	PO BOX 330026
City-State-Zip:	ATLANTIC BEACH FL 32233

Title	DT
Name	HOLYFIELD, WILLIAM
Address	P. O. BOX 330026
City-State-Zip:	ATLANTIC BEACH FL 32233

Title	DIRECTOR
Name	SACHS, JERRY
Address	PO BOX 330026
City-State-Zip:	ATLANTIC BEACH FL 32233

Title	DP
Name	LESLIE, ALAN
Address	PO BOX 330026
City-State-Zip:	ATLANTIC BEACH FL 32233

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ALAN LESLIE****PRESIDENT****04/28/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date