FILE NOW: FILING FEE IS $61.25

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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 769925 (9)

1. Corporation Name

BELLE OAKS TOWNHOUSES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% REDDING MANAGEMENT COMPANY ONE SAN JOSE PLACE, SUITE 8 JACKSONVILLE FL 32257	% REDDING MANAGEMENT COMPANY ONE SAN JOSE PLACE, SUITE 8 JACKSONVILLE FL 32257-7580

3. Date Incorporated or Qualified: 06/22/1983
3a. Date of Last Report: 06/17/1996

2. Principal Place of Business
21 c/o Four Seasons Mgmt
Suite, Apt. #, etc.
22 10036 Sawgrass Dr. Ste. 3
City & State
23 Ponte Vedra Beach, FL
24 Zip 32082
25 Country USA

2a. Mailing Address
26 c/o Four Seasons Mgmt
Suite, Apt. #, etc.
27 P.O. Box 1159
City & State
28 Ponte Vedra Beach, FL
29 Zip 32004-1159
30 Country USA

4. FEI Number: 59-1453114 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

REDDING MANAGEMENT CO., INC.
ONE SAN JOSE PLACE, SUITE 8
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name: Donald J. Munch
82 Street Address (P.O. Box Number is Not Acceptable): Four Seasons Management
83 10036 Sawgrass Dr. Ste. 3
84 City: Ponte Vedra Beach FL 85 Zip Code: 32082

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: Donald Munch 3/24/97
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	PO	☐ DELETE	1.1 TITLE	S	☒ Change ☐ Addition
NAME	WATKINS, DEBRA		1.2 NAME		
STREET ADDRESS	10754 SCOTT MILL RD., #16		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		1.4 CITY-ST-ZIP		
TITLE	VPO	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	FURMAN, PAUL		2.2 NAME		
STREET ADDRESS	10754 SCOTT MILL RD., #13		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		2.4 CITY-ST-ZIP		
TITLE	SO	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	ROTH, NEIL		3.2 NAME		
STREET ADDRESS	10754 SCOTT MILL RD., #2		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		3.4 CITY-ST-ZIP		
TITLE	TO	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MENNINGER, KATHIE		4.2 NAME		
STREET ADDRESS	10754 SCOTT MILL RD., #4		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	CLINTON, CAROLYN		5.2 NAME		
STREET ADDRESS	10754 SCOTT MILL RD., #15		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	VP	☐ Change ☒ Addition
NAME	VAN DYKE, DONNA		6.2 NAME	Wendie Mayfield	
STREET ADDRESS	10754 SCOTT MILL RD., #3		6.3 STREET ADDRESS	10754 Scott Mill Rd. #6	
CITY-ST-ZIP	JACKSONVILLE FL 32223		6.4 CITY-ST-ZIP	Jacksonville, FL 32223	

CR2E037 (9/96)

14. I do 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: Carolyn Clinton SIGNATURE Treasurer 3-10-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #