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Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # G77408 (4)

OCEAN MANOR AT PONTE VEDRA, INC.



Principal Place of Business
3740 BEACH BLVD. STE 300
JACKSONVILLE FL 32207

Mailing Address
3740 BEACH BLVD. STE 300
JACKSONVILLE FL 32207-3883

3. Date Incorporated or Qualified: 01/05/1984
3a. Date of Last Report: 03/26/1996
4. FEI Number: 59-2365806
5. Certificate of Status Desired: [X] \$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: [X] Yes [ ] No

2. Principal Place of Business
21. Subd. Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country

9. Name and Address of Current Registered Agent
MICKLER, R. O.
ONE INDEPENDENT DRIVE
225 WATER STREET
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
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 and for or with and accept the qualifications of Section 607.0505, Florida Statutes.

SIGNATURE (Notarized signature of registered agent or officer of the corporation) (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
5. DELETE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP
9. DELETE
10. NAME
11. STREET ADDRESS
12. CITY - ST - ZIP
13. DELETE
14. NAME
15. STREET ADDRESS
16. CITY - ST - ZIP
17. DELETE
18. NAME
19. STREET ADDRESS
20. CITY - ST - ZIP
21. DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jack C. Demetree 3/18/97 904-398-7350
SIGNATURE (DO NOT TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR) DATE Daytime Phone #

CR2E034 (9/96)