FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



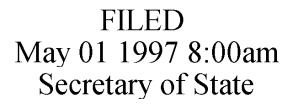
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #
1. Corporation Name N05658

JACKSONVILLE CORPORATE CENTER I CONDOMINIUM ASSO CIATION, INC.





Principal Place of Business Malling Address						~	IN ALIMI MINNI EI	PII W!WIL BIB() WIDI		161 diffinition	
2215 EAST STATE ROAD 200 P.O. BOX 1987 YULEE FL 32097 YULEE FL 32041-1987 US US											
US		US				3. Date Incorporated or 10/15/1984	Qualified	3a. Date of 02/2	Last Re 20/199	port 6	
2. Principal P	lace of Business	2a. Mailing Address	տա ղ			4. FEI Number 59-2911360		Applied For Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				6. Certificate of Status I	Desired	\$8.75 Additional Fee Required			
City & State	е	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip Country		Zip Country		itry		8. This corporation has liability for intangible tax					
24	25					Florida Statutes Yes X No					
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address	of New Rec	jistered Agen	1		
] [B1 1	Name						
POWELL, TERRELL 2215 EAST STATE ROAD 200			Ī	B2 S	Street Address (P.O. Box Number is Not Acceptable)			le)			
YULEE FL 32097			Ī	83		44.					
			ļ.	84 (City			FL 85	Zip C	ode	
11. Pursuant	to the provisions of Sections 617.0	502 and 617 1508. Florida Statu	ites the ab	OVE-F	named corp	oration submits this stateme	nt for the p	urpose of char	L raina Itr	s registered	
agent. I a	to the provisions of Sections 617.0 egistered agent, or both, in the Sta im familiar with, and accept the obling Signature. Typed or printed name of registered in					ed when reinstating)		DATE			
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGE	TO OFFIC	ERS AND DIR	ECTOR'	S IN 12	
TITLE	STD	DELETE	1.1 TiTL	.E				X 0	hange	Addition	
NAME	Loggins, les		1.2 NA	ΜE	-						
STREET ADDRESS	2120 CORP. SQUARE #1		1.3 STR	REET AD	DDRESS						
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CIT	Y-\$1-7	21P J A	ACKSONVILLE FL	32216				
TITLE	VD	DELETE	2.1 TITI	LE				X 0	Change	Addition	
NAME	RISTAU, DAVE			2.2 NAME							
STREET ADDRESS	2120 CORPORATE SQUAR	e, suite 30	2.3 STREET								
CITY - ST - ZIP	JACKSONVILLE FL		2. 4 CIT	Y-ST-	ZiP JA	ACKSONVILLE FL	32216				
TITLE	PD	DELETE	3.1 TITI	.E				24 0	hange	Addition	
NAME	BOATRIGHT, WILLIAM		3.2 NA)								
STREET ADDRESS	2120 CORPORATE SQUAR	E, SUITE 13			DORESS	ACKSONVILLE FL	32216				
CITY-ST-ZIP	JACKSONVILLE FL	T berere	3.4. CIT		ZIP J.	JONGONATPED LP	34210		hans-	AJJ97-	
TITLE		DELETE	4.1 TIT		. }				Change	Addition	
NAME			4.2 NA								
STREET ADDRESS			1		DDRESS						
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STREET ADDRESS			5.3 STF		DOBESS						
			4								
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CIT 6.1 TIT		zir			1 17	hange	Addition	
NAME		First Actuality	6.2 NA		1			ا اسا	· ····································	- Addition	
STREET ADORESS			6.3 STF		nneree	•					
CITY-ST-7/P				KELAU Y-ST-1							
GHT-SI-7P			= N41"		719°						

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or on an attachment and address.

WILLIAM BOATRIGHT, SIGNATURE: