


FILE NOW: FILING FEE IS \$61.25

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90115 028 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N05658					
1. Corporation Name JACKSONVILLE CORPORATE CENTER I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2215 EAST STATE ROAD 200 YULEE FL 32097 US			Mailing Address P.O. BOX 1987 YULEE FL 32041-1987 US		



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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 10/15/1984 4. FEI Number 59-2911360 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent POWELL, TERRELL 2215 EAST STATE ROAD 200 YULEE FL 32097				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	
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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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS	
TITLE VD NAME SEMANIK, JOHN STREET ADDRESS 2120 CORPORATE SQUARE BLVD SUITE 4 CITY-ST-ZIP JACKSONVILLE FL 32116	<input type="checkbox"/> DELETE
TITLE D NAME LOGGINS, LES STREET ADDRESS 2120 CORPORATE SQUARE BLVD SUITE 1 CITY-ST-ZIP JACKSONVILLE FL 32116	<input type="checkbox"/> DELETE
TITLE PD NAME BOATRIGHT, WILLIAM STREET ADDRESS 2120 CORPORATE SQUARE, SUITE 13 CITY-ST-ZIP JACKSONVILLE FL 32116	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE STD 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE VD 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 2120 CORPORATE SQUARE BLVD SUITE 13 3.4 CITY-ST-ZIP JACKSONVILLE FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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 with a letter like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** **3/25/99** **904-724-7308**

CR2E037 (1/98)