


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N15386 (8)**  
1. Corporation Name  
**THE CORMORANT LANDING OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>2215 EAST STATE ROAD YULEE FL 32097 US</b>	Mailing Address <b>PO BOX 1987 YULEE FL 32097-1987 US</b>
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3. Date Incorporated or Qualified  
**06/12/1986**

4. FEI Number  
**59-2386851**

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

22. City & State  
**27**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

23. Zip  
**28**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

24. Country  
**25**

9. Name and Address of Current Registered Agent  
**POWELL, TERRELL J  
2215 EAST STATE ROAD 200  
YULEE FL 32097**

10. Name and Address of New Registered Agent

<b>81</b>	Name
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>	
<b>84</b>	City
<b>85</b>	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>CURRAN, DANIEL</b> 12065 CRANFOOT DR JACKSONVILLE FL	1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>OLSON, SONIA</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>12216 REEDPOND DRIVE WEST</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>JACKSONVILLE FL 32223</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS <b>JACKSONVILLE FL 32223</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>RUSSELL, PATRICK</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>3672 CATTAIL DRIVE SOUTH</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>JACKSONVILLE FL 32223</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>JACKSONVILLE FL 32223</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP <b>JACKSONVILLE FL 32223</b>	

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.

SIGNATURE: \_\_\_\_\_ **SONIA OLSON** 3-30-98 904-292-1112

CR2E037 (10/97)