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Apr 22 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 # N21133 (6)

1. Corporation Name

GRAN PARK MAINTENANCE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O CHARLES W. EDGAR, III  
ONE MALAGA STREET  
ST. AUGUSTINE FL 32084

C/O CHARLES W. EDGAR, III  
ONE MALAGA STREET  
ST. AUGUSTINE FL 32084-3580

3. Date Incorporated or Qualified  
06/12/1987

3a. Date of Last Report  
03/15/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-2116258

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAINE, LAWRENCE  
1650 PRUDENTIAL DR., SUITE 400  
JACKSONVILLE FL 32207

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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 PD  
NAME ZELLERS, C.F.  
STREET ADDRESS ONE MALAGA STREET  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

1.1 TITLE  
1.2 NAME V/S/T WEST, G.P.  
1.3 STREET ADDRESS 1650 PRUDENTIAL DR.  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE VD  
NAME DURHAM, W. E.  
STREET ADDRESS 1650 PRUDENTIAL DR. #900  
CITY-ST-ZIP JACKSONVILLE FL 32207

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME JONES, R.J.  
STREET ADDRESS 9955 NW 116 WAY, SUITE 10  
CITY-ST-ZIP MIAMI FL 33178

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature of Registered Agent

Date

Debit Phone # 0001290

CR2E037 (9/96)