
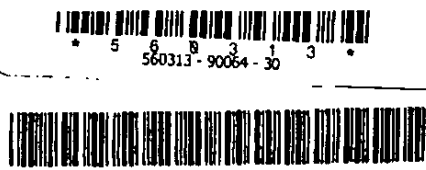


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90018 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N21133 1. Corporation Name GRAN PARK MAINTENANCE ASSOCIATION, INC.		
Principal Place of Business C/O CHARLES W. EDGAR, III ONE MALAGA STREET ST. AUGUSTINE FL 32084	Mailing Address C/O CHARLES W. EDGAR, III ONE MALAGA STREET ST. AUGUSTINE FL 32084	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	06/12/1987
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-2116258
24. Country	29. Country	Applied For
	30. Country	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/>
PAINE, LAWRENCE 1650 PRUDENTIAL DR., SUITE 400 JACKSONVILLE FL 32207		\$8.75 Additional Fee Required
		8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

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	Heidi J. Eddins
		82 Street Address (P.O. Box Number is Not Acceptable)	One Malaga Street
		83	
		84 City	St. Augustine
		FL	85 Zip Code
			32084

11. Pursuant to the provisions of Sections 617.0602 and 617.1608, 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 617.0603, Florida Statutes.

SIGNATURE: Heidi J. Eddins DATE: 5/21/99

Signature of registered agent and file if applicable. (NOTE: Registered Agent signature required when submitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Chairman
NAME	ZELLERS, C.F.	1.2 NAME	R.W. Anestis
STREET ADDRESS	ONE MALAGA STREET	1.3 STREET ADDRESS	One Malaga St.
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	St. Augustine, FL 32084
	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President
TITLE	D	2.2 NAME	R.F. MacSwain
NAME	JONES, R.J.	2.3 STREET ADDRESS	One Malaga St.
STREET ADDRESS	8955 NW 116 WAY, #10	2.4 CITY-ST-ZIP	St. Augustine, FL 32084
CITY-ST-ZIP	MIAMI FL		
	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Treasurer
TITLE	VST D	3.2 NAME	G.P. West
NAME	WEST, G P	3.3 STREET ADDRESS	One Malaga St.
STREET ADDRESS	1650 PRUDENTIAL DRIVE	3.4 CITY-ST-ZIP	St. Augustine, FL 32084
CITY-ST-ZIP	JACKSONVILLE FL		
	<input type="checkbox"/> DELETE	4.1 TITLE	Vice President - Secretary
TITLE		4.2 NAME	Heidi J. Eddins
NAME		4.3 STREET ADDRESS	One Malaga St.
STREET ADDRESS		4.4 CITY-ST-ZIP	St. Augustine, FL 32084
CITY-ST-ZIP			
	<input type="checkbox"/> DELETE	5.1 TITLE	
TITLE		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP			
	<input type="checkbox"/> DELETE	6.1 TITLE	
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
CITY-ST-ZIP			

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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE: 4/30/99 904/826-2398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)