FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N23742

(2)

GRAN PARK AT SOUTH JACKSONVILLE OWNERS ASSOCIATION, INC.

ON, INC.							
Principal Place of Business Mailing Address					<u> </u>		
% C.F. ZELL P O BOX 10 ST AUGUST		% C.F. ZELLERS. JR P O BOX 1048 ST. AUGUSTINE EL 220					
		OF AUGUSTINE TE SEC	.		 Date Incorporated or Qualified 12/04/1987 	3a. Date of Last 02/13/1	
2. Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number NOT APPLICABLE	} +-	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State	e <u>.</u>	Crty & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	25 29 30		Countr	у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
			8.	Name			
Paine, Lawrence 1650 Prudential dr.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
# 400	ONVILLE FL 32207		83				
			84	1 '			Code
Or register	to the provisions of Sections 617.050 ed agent, or both, in the State of Flo th, and accept the obligations of, Sei	JACIAL IOUCH CHANGE WAS BUMDAZEA	s, the above d by the con	named corpo poration's boa	ration submits this statement for the purpor ard of directors. I hereby accept the appoir	ose of changing its re ntment as registered	egistered office agent. I am
SIGNATURE	Signature, typed or printed name of registered ago	on and title if anni cable (NOT)	- Registered An	ant eigenatura recuire	ad when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	an agradus regare	ADDITIONS/CHANGES TO OFFICE		DC (N. 10
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/OF PAIGES TO OFFICE	Change	
NAME	ZELLERS, CARL F., JR.					[] Change	Addition
STREET ADDRESS			1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIP	OT ALICHOTIAIT TI						
TITLE	VD	DELETE	1.4 CITY - 2 1 TITLE	ST-ZIP		Change	The section
NAME	DURHAM, WILLIAM E.	Бист	22 NAME			Change	Addition
STREET ADDRESS	ONE MALAGA STREET						
CITY-ST-ZIP	ST. AUGUSTINE FL		2.3 STREET ADDRESS				
TITLE	D DELETE		2. 4 CiTY-ST-ZIP 3.1 TiTLE			Charac	C Addition
NAME	DYER, JACK P.	L. Joece II.	3.2 NAME			Change	☐ Addition
STREET ADDRESS	ONE MALACA OTDEET			T ADDOCCO			
City-St-ZIP	OT AUGUSTINE EL			T ADDRESS			
TITLE	STD	™ DELETE	3.4 CITY -	SI-ZIP		Change	Addition
NAME	DELAPORTE, C E	E DOLLETE	4.1 IIILE 4. 2 NAME			□ Cilaige	LI ADDIDOR
STREET ADDRESS	ONE MALAGA STREET			T ADDRESS			
C(TY - ST - ZIP	ST. AUGUSTINE FL		4.4 CITY -				
THILE		DELETE	51 TITLE	J 1 - KII		Change	Addition
NAME		_	5 2 NAME			CT ALMINA	
STREET ADDRESS			1	FADDRESS	80000174	6108	
CITY-ST-ZIP	5.00		5.4 CITY-	l l	-03/16/960100	2021	
TITLE		DELETE	6.1 TITLE		***61.25	Change	Addition
NAME			6.2 NAME			<u> </u>	
STREET ADDRESS				ADDRESS			Į
CITY-ST-ZIP			6.4 CITY-				į
14. I do hereb	v certify that the information supplied	with this filing is voluntarily furnish	hed and doe	s not qualify for	or the exemption stated in Section 119.07	(Q)(k) Florida Statute	so I fortbor

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 estigachment with an address.

SIGNATURE:

3-/2-96 904-819-342, Date Despire Prone