

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N24077 (2)**
1. Corporation Name

FLEMINGBROOK OWNERS ASSOCIATION, INC.



Principal Place of Business: **2215 E. STATE ROAD 200, P.O. BOX 1408, YULEE FL 32097, US**
Mailing Address: **P.O. BOX 1408, FERNANDINA BEACH FL 32035-1408, US**

3. Date Incorporated or Qualified: **12/23/1987**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business: **21 6983**
2a. Mailing Address: **26 PO. Box 7470**
Suite, Apt. #, etc.: **22 6**
City & State: **23 JACKSONVILLE FL**
City & State: **27 JACKSONVILLE, FL**
Zip: **24 32210** Country: **25 USA** Zip: **29 32238** Country: **30 USA**

4. FEI Number: **59-2880300**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

10. Name and Address of New Registered Agent:
81 Name: **J. R. COMER**
82 Street Address (P.O. Box Number is Not Acceptable): **6983-G**
83 City: **JACKSONVILLE** FL 85 Zip Code: **32210**

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: **J.R. Comer** (typed or printed name of registered agent and title if applicable) **J.R. Comer** (handwritten signature) **4/30/96** (DATE)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	SD	<input checked="" type="checkbox"/>
NAME	BRAUN, JOHN	
STREET ADDRESS	5519 CANDIBROOK LANE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	RILEY, MIKE	
STREET ADDRESS	5637 SILKWOOD LANE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	NORWOOD, LEN	
STREET ADDRESS	481 BAYBROOK DR	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	PERRY, KURT	
STREET ADDRESS	5414 APPLEWOOD CT	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	DS B	<input checked="" type="checkbox"/>
NAME	EARD, BILL	
STREET ADDRESS	615 COZY BROOK LANE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	J. R. COMER		
1.3 STREET ADDRESS	6983-G		
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210		
2.1 TITLE	T/S/O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	TOM HEBLOCK		
2.3 STREET ADDRESS	6983-G		
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210		
3.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	MARIE PROPPES		
3.3 STREET ADDRESS	6983-G		
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210		
4.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	BILL ADAMS		
4.3 STREET ADDRESS	6983-G		
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210		
5.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	KATHY MONTS		
5.3 STREET ADDRESS	6983-G		
5.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210		
6.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS	600001831820		
6.4 CITY-ST-ZIP	-05/21/96--01035--042		
	***61.25		

14. 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 attachment with an address.

SIGNATURE: **J. R. Comer** (typed or printed name of officer or director) **J.R. Comer** (handwritten signature) **4/8/96 204-777-0708** (Daytime Phone #)

CR2E037 (12/95)