


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N24077 (2)**  
1. Corporation Name  
**FLEMINGBROOK OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>6983 E. STATE ROAD 200 #6 JACKSONVILLE FL 32210 US</b>	Mailing Address <b>P.O. BOX 7470 JACKSONVILLE FL 32238-0470 US</b>
--	---

2. Principal Place of Business 21 <b>6028 CHESTER AVE</b> Suite, Apt #, etc. 22 <b># 202</b> City & State 23 <b>JACKSONVILLE, FL</b> Zip 24 <b>32217</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>P.O. Box 59711</b> Suite, Apt #, etc. 27 City & State 28 <b>JACKSONVILLE, FL</b> Zip 29 <b>32241</b> Country 30 <b>USA</b>
--	--

3. Date Incorporated or Qualified <b>12/23/1987</b>	3a. Date of Last Report <b>05/20/1996</b>
4. FEI Number <b>59-2880300</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**COMER, J.R.  
6983 E. STATE ROAD 200 #6 JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81 Name <b>LEN NORWOOD</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6028 CHESTER AVE</b>
83 # <b># 202</b>
84 City <b>JACKSONVILLE</b>
85 Zip Code <b>FL 32217</b>

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 **LEN NORWOOD** *Len Norwood* **5/12/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE <b>PD</b>	NAME <b>COMER, J.R.</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>6983 E. STATE ROAD 200</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32210</b>	
TITLE <b>TSD</b>	NAME <b>HELOCK, TOM</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>6983 E. STATE ROAD 200</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32210</b>	
TITLE <b>D</b>	NAME <b>PROPE, MARIE</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>6983 E. STATE ROAD 200</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32210</b>	
TITLE <b>D</b>	NAME <b>ADAMS, BILL</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>6983 E. STATE ROAD 200</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32210</b>	
TITLE <b>VD</b>	NAME <b>MONT, KATHY</b>	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS <b>6983 E. STATE ROAD 200</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32210</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE <b>PD</b>	1.2 NAME <b>LEN NORWOOD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS <b>6028 CHESTER AVE.</b>	1.4 CITY-ST-ZIP <b>JACKSONVILLE, FL 32217</b>	
2.1 TITLE <b>TSD</b>	2.2 NAME <b>KRISTY BARKER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS <b>6028 CHESTER AVE.</b>	2.4 CITY-ST-ZIP <b>JACKSONVILLE, FL 32217</b>	
3.1 TITLE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
4.1 TITLE <b>D</b>	4.2 NAME <b>MICHAEL PATE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS <b>6028 CHESTER AVE</b>	4.4 CITY-ST-ZIP <b>JACKSONVILLE, FL 32217</b>	
5.1 TITLE <b>D</b>	5.2 NAME <b>CHRIS RICK</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS <b>6028 CHESTER AVE</b>	5.4 CITY-ST-ZIP <b>JACKSONVILLE, FL 32217</b>	
6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **LEN NORWOOD** *Len Norwood* **5/12/97** **904-260-983**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006307

CR2E037 (9/96)