

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4: 26

DOCUMENT # **N28878** (9)

1. Corporation Name

JGCC PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
10036 SAWGRASS DR #1 10036 SAWGRASS DR #1
PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/17/1988 3a. Date of Last Report 03/02/1994
4. FEI Number 59-2931900 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
ARENAS, PATRICIA
10036 SAWGRASS DR #1
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MC-CONNEL, BOB
STREET ADDRESS	3717 PLANTERS CREK CIR W
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VD
NAME	FRAILEY, GINGER
STREET ADDRESS	3995 HUNT CLUB RD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	TRADO, JIM
STREET ADDRESS	3995 HUNT CLUB RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	DOBOSH, JOE
STREET ADDRESS	3995 HUNT CLUB RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	PD
NAME	DICK, MICHAEL
STREET ADDRESS	3995 HUNT CLUB RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Ambach, Mark
1.3 STREET ADDRESS	3995 Hunt Club Road
1.4 CITY-ST-ZIP	Jacksonville, FL 32224
2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Chandler, Jim
2.3 STREET ADDRESS	12846 Biggin Church Road South
2.4 CITY-ST-ZIP	Jacksonville, FL 32224
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Foley, Jim
3.3 STREET ADDRESS	12965 Hunt Club Road North
3.4 CITY-ST-ZIP	Jacksonville, FL 32224
4.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(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, unchanged, or in an attached sheet with an address.

SIGNATURE: Michael T. Dick Pres. (1/19/95) 407-333-1072
MICHAEL T. DICK Pres. Date (Typed Name)