

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N28878** (9)
1. Corporation Name
JGCC PROPERTY OWNERS ASSOCIATION, INC.

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

3. Date Incorporated or Qualified 10/17/1988	
4. FEI Number 59-2931900	Applied For <input type="checkbox"/> Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 **PATRICIA ARENAS**
82 Street Address (P.O. Box Number is Not Acceptable)
MAY MANAGEMENT SERVICES, INC
83 **10036 SAWGRASS DRIVE, SUITE 1**
84 City **PONTE VEDRA BEACH FL** 85 Zip Code **32082**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMBACH, MARK	1.2 NAME	RICHARD STAGGARD
STREET ADDRESS	3995 HUNT CLUB RD	1.3 STREET ADDRESS	10922 LITTLE TOR BENS ROAD
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL, 32224
TITLE	D	2.1 TITLE	VICE PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER, JIM	2.2 NAME	JIM CHANDLER
STREET ADDRESS	12846 BIGGIN CHURCH ROAD SOUTH	2.3 STREET ADDRESS	12846 BIGGIN CHURCH RD, SOUTH
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL, 32224
TITLE	D	3.1 TITLE	SECRETARY/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLEY, JIM	3.2 NAME	REYNOLDS HOOVER
STREET ADDRESS	12965 HUNT CLUB ROAD NORTH	3.3 STREET ADDRESS	3717 WEXFORD HOLLOW RD
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL, 32224
TITLE	STD	4.1 TITLE	TREASURER/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOBOSH, JOE	4.2 NAME	LISA STRANGE
STREET ADDRESS	3995 HUNT CLUB RD	4.3 STREET ADDRESS	3832 FENWICK ISLAND DRIVE
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE, FL, 32224
TITLE	PD	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICK, MICHAEL	5.2 NAME	WILLIAM RUFF
STREET ADDRESS	3995 HUNT CLUB RD	5.3 STREET ADDRESS	12944 PLANTERS CREEK CIR, S.
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	JACKSONVILLE, FL, 32224
TITLE		6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	LISA WOLFF
STREET ADDRESS		6.3 STREET ADDRESS	3928 BRAMPTON ISLAND COURT, S
CITY-ST-ZIP		6.4 CITY-ST-ZIP	JACKSONVILLE, FL, 32224

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 in an attachment with an address.

SIGNATURE:  1-8-98 904-273-9832

CF2E037 (10/97)