

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N31726**

FILED

00 JUL 17 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name

**GRAN PARK AT PORT SALERNO OWNERS ASSOCIATION, IN**

Principal Place of Business

Mailing Address

P.O. BOX 1048  
ST AUGUSTINE FL 32085-1048

P.O. BOX 1048  
ST AUGUSTINE FL 32085-1048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10151 Deerwood Park Blvd.

3. Mailing Address

10151 Deerwood Park Blvd.

Suite, Apt. #, etc.

Building 100, Suite 330

Suite, Apt. #, etc.

Building 100, Suite 330

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32256

Country

U.S.

Zip

32256

Country

U.S.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EDDINS, HEIDI J  
ONE MALAGA ST  
SAINT AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name Karl B. Hanson III

Street Address (P.O. Box Number is Not Acceptable)  
10151 Deerwood Park Blvd.

Building 100, Suite 330

City Jacksonville

FL

Zip Code

32256

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *[Handwritten Signature]*

**KARL B. HANSON III, SECRETARY**

**7-14-00**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ANESTIS, R. W. ONE MALAGA ST SAINT AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WEST, G P 1650 PRUDENTIAL DRIVE JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACSWAIN, R. F. ONE MALAGA ST SAINT AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEST, G. P. ONE MALAGA ST SAINT AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDDINS, HEIDI J ONE MALAGA ST SAINT AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD G. John Carey 10151 Deerwood Park Blvd, Bldg 100, Ste 330 Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Lewis W. Graham, Jr. 10151 Deerwood Park Blvd, Bldg 100, Ste 330 Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Karl B. Hanson III 10151 Deerwood Park Blvd, Bldg 100, Ste 330 Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Melinda Thompson 10151 Deerwood Park Blvd, Bldg 100, Ste 330 Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**TS**

03/03/00 90064 ODP 245.00

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* **G. JOHN CAREY** 7.17.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 279-3132