

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 # **N35972 (1)**
1. Corporation Name
ST. JOHNS RIVER PARK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P. O. BOX 1044 OSTEEN FL 32764-8059 US
P. O. BOX 1044 OSTEEN FL 32764-8059 US

3. Date Incorporated or Qualified **12/28/1989** 3a. Date of Last Report **04/20/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2355292	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	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	10. Name and Address of New Registered Agent
BLOUNT, JOHN S. 365 SMITH RD OSTEEN FL 32764	81 Name NORMAND, VICTOR 82 Street Address (P.O. Box Number is Not Acceptable) 1149 LEMON BLUFF RD. 83 84 City OSTEEN FL 85 Zip Code 32764

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: *Victor Normand* **VICTOR NORMAND, PRES.** DATE: **4-14-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUNT, JOHN	1.2 NAME	
STREET ADDRESS	P. O. BOX 1044 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	OSTEEN FL	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOUNT, JUDY	2.2 NAME	
STREET ADDRESS	P. O. BOX 1044 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	OSTEEN FL	2.4 CITY-ST-ZIP	ZIP 32764
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULBERTSON, RICHARD	3.2 NAME	
STREET ADDRESS	1913 LOCHBERRY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	DP NORMAND, VICTOR
STREET ADDRESS		4.3 STREET ADDRESS	PO BOX 1044 1149 LEMON BLUFF RD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	OSTEEN, FL. 32764
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VD BURKE, JOHN
STREET ADDRESS		5.3 STREET ADDRESS	350 SMITH RD 320304
CITY-ST-ZIP		5.4 CITY-ST-ZIP	OSTEEN FL 32764
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	***61.25
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Judy Blount* **JUDY BLOUNT** DATE: **4-14-96** DAYTIME PHONE #: **407 323 0319**

CR2E037 (12/95)