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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N40551 (6)
1. Corporation Name
JGD OWNERS ASSOCIATION, INC.



Principal Place of Business: 4225 S. HIGHWAY 17-92 CASSELBERRY FL 32707
Mailing Address: 4225 S. HIGHWAY 17-92 CASSELBERRY FL 32707-3220

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	10/26/1990	02/29/1996
4. FEI Number		5. Certificate of Status Desired		Applied For	
59-3034268		<input type="checkbox"/>		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		8. \$5.00 May Be Added to Fees	
<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
DELUDE, EDWARD G
103 E LAUREN CT
SUITE 285
FERN PARK FL 32730

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

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: *E. S. De Tuck* March 12, 1997
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	D	<input checked="" type="checkbox"/> DELETE
NAME	BRUND, JACQUE A.	
STREET ADDRESS	101 SOUTHHALL LANE	
CITY - ST - ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIBB, GORDON R.	
STREET ADDRESS	101 SOUTHHALL LANE	
CITY - ST - ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NUNLIST, DUDLEY V.	
STREET ADDRESS	101 SOUTHHALL LANE	
CITY - ST - ZIP	MAITLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Brund Lillian L.	
1.3 STREET ADDRESS	4225 S. Highway 17-92	
1.4 CITY - ST - ZIP	Casselberry, Florida 32707	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gibb, Gordon R.	
2.3 STREET ADDRESS	4225 S. Highway 17-92	
2.4 CITY - ST - ZIP	Casselberry, Florida 32707	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nunlist, Dudley V.	
3.3 STREET ADDRESS	4225 S. Highway 17-92	
3.4 CITY - ST - ZIP	Casselberry, Florida 32707	
4.1 TITLE		<input 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 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: *Lillian L Brund* (407) 830-2997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012875

CRE037 (9/96)