


FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90016 006 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N40551 (6)		
1. Corporation Name JGD OWNERS ASSOCIATION, INC.		
Principal Place of Business 4245 South Highway 17-92 Casselberry, Fl. 32700		Mailing Address 4245 S. Hwy 17-92 Casselberry, Fl.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/26/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3034268
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DeLude Edward G. 103 East Lauren Court Fern Park, Florida 32750		B1	Name
		B2	Street Address (P.O. Box Number is Not Acceptable)
		B3	
		B4	City
		FL	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Addition
NAME	Brund Lillian	1.2 NAME	Gibb Linda
STREET ADDRESS	4225 S. Hwy 17-92	1.3 STREET ADDRESS	4235 S Hwy 17/92
CITY-ST-ZIP	Casselberry, Florida 32707	1.4 CITY-ST-ZIP	Casselberry Florida 32707
TITLE	DGi <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	Gibb, Gordon R.	2.2 NAME	
STREET ADDRESS	4245 S. Hwy 17-92	2.3 STREET ADDRESS	
CITY-ST-ZIP	Casselberry, Fl, 32707	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	Nunlist, Duffey, V.	3.2 NAME	
STREET ADDRESS	4245 S. Hwy 17-92	3.3 STREET ADDRESS	
CITY-ST-ZIP	Casselberry, Fl 32707	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dudley V Nunlist 18 Mar 99 (407) 830-4997
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)