N45849

	questor's Name		•	
Address		-	600002841606 -04/16/9901027003 ****455.00 *****35.0	
City/State/	Zip Phone #	(Office Use Only	
CORPORATION	NAME(S) & DOCUMENT	NUMBER(S), (if k	mown):	
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2. <u>(Corp</u>	ooration Name)	(Document #)		
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	Amendment		99 TAL	
NonProfit	Resignation of R.A., Office	-		
NonProfit Limited Liability	Resignation of R.A., Office Change of Registered Age	-		
Profit NonProfit Limited Liability Domestication	Resignation of R.A., Office	-	APR 16 CRETARY O	
NonProfit Limited Liability	Resignation of R.A., Office Change of Registered Age	-	APR 16 CRETARY O	
NonProfit Limited Liability Domestication Other	Resignation of R.A., Office Change of Registered Age Dissolution/Withdrawal Merger	nt	APR 16 CRETARY O	
NonProfit Limited Liability Domestication Other OTHER FILINGS	Resignation of R.A., Office Change of Registered Age Dissolution/Withdrawal Merger REGISTRATION	nt -	APR 16 CRETARY	
NonProfit Limited Liability Domestication Other OTHER FILINGS	Resignation of R.A., Office Change of Registered Age Dissolution/Withdrawal Merger REGISTRATION QUALIFICATIO	nt -	APR 16 CRETARY O	
NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	Resignation of R.A., Office Change of Registered Age Dissolution/Withdrawal Merger REGISTRATION QUALIFICATIO Foreign	nt -	APR 16 CRETARY O	
NonProfit Limited Liability Domestication	Resignation of R.A., Office Change of Registered Age Dissolution/Withdrawal Merger REGISTRATION QUALIFICATIO Foreign Limited Partnership	nt -	APR 16 CRETARY O	
NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	Resignation of R.A., Office Change of Registered Age Dissolution/Withdrawal Merger REGISTRATION QUALIFICATIO Foreign	nt -	APR 16 CRETARY O	

CR2E031(1/95)

Examiner's Initials H

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502	
the undersigned corporation organized under the laws of the submits the following statement in order to change its regis	
the State of Florida.	tor our officer of rogistic our agains, or o easy are
•	e Avenues Owners Association, Inc.
1. The name of the corporation is: Gran Park at th	o invented switch abboots the same
2. The mailing address of the corporation is: P. O. Box	x 1048, St. Augustine, FL 32085-1048
3. Date of incorporation/qualification: 10-30-91	Document number: N45849
4. The name and address of the current registered agent and	office:
Ç Ç	1 9 -
Lawrence Paine	
1650 Prudential Drive	
	32 16 M
Jacksonville, FL 32207 5. The name and address of the new registered agent and off	ice: (P. O. Box Not Acceptable)
	FLST
Heidi J. Eddins	
One Malaga St.	
St. Augustine, FL 32084	
The street address of its registered office and the street address, as changed, will be identical.	ress of the business office of its registered
Such change was authorized by resolution duly adopted by authorized by the board.	its board of directors or by an officer so
	4/8/99
(Signature of an officer) chairman or vice chairman of the board)	(Date)
R. W. Anestis Chairman, Chief Executive Officer and President	
(Printed or typed name and title)	
Having been named as registered agent and to accept servicorporation, I hereby accept the appointment as registered I further agree to comply with the provisions of all statutes performance of my duties, and I am familiar with and accepted in the province of the complex control of the cont	relative to the proper and complete
Herolia Cololina	4/8/99
(Signature/of Registered Agent) If signing on behalf of an entity:	(Date)
(Typed or Printed Name)	(Capacity)
/	

* * * FILING FEE: \$35.00 * * *