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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45849
 1. Corporation Name
GRAN PARK AT THE AVENUES OWNERS ASSOCIATION, INC



Principal Place of Business % C.F. ZELLERS, JR P O BOX 1048 ST AUGUSTINE FL 32085	Mailing Address % C.F. ZELLERS, JR P O BOX 1048 ST AUGUSTINE FL 32085
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.	23. Date Incorporated or Qualified 10/30/1991
22. City & State	27. City & State	4. FEI Number NOT APPLICABLE
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/>
24. Country	29. Country	6. Election Campaign Financing <input type="checkbox"/>

9. Name and Address of Current Registered Agent PAINE, LAWRENCE 1650 PRUDENTIAL DR #400 JACKSONVILLE FL 32207	10. Name and Address of New Registered Agent 81 Name Heidi J. Eddins 82 Street Address (P.O. Box Number is Not Acceptable) One Malaga St. 83 84 City St. Augustine FL 85 Zip Code 32084
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: Heidi J. Eddins DATE: 5/6/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ZELLERS, C.F., JR. 1650 PRUDENTIAL DRIVE JACKSONVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Chairman R.W. Anestis One Malaga St. St. Augustine, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYER, JACK P. 1650 PRUDENTIAL DRIVE JACKSONVILLE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Vice President R.F. MacSwain One Malaga St. St. Augustine, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WEST, G P 1650 PRUDENTIAL DRIVE JACKSONVILLE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Treasurer G.P. West One Malaga St. St. Augustine, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Vice President - Secretary Heidi J. Eddins One Malaga St. St. Augustine, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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)(b), 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: Heidi J. Eddins DATE: 4/30/99 904
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR 826 2398

CR2E037 (1/98)