

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45849

1. Entity Name

GRAN PARK AT THE AVENUES OWNERS ASSOCIATION, INC

FILED

00 JUL 17 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 1048
ST. AUGUSTINE FL 32085-1048

P.O. BOX 1048
ST. AUGUSTINE FL 32085-1048



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10151 Deerwood Park Blvd.

3. Mailing Address

10151 Deerwood Park Blvd.

Suite, Apt. #, etc.

Building 100, Suite 330

Suite, Apt. #, etc.

Building 100, Suite 330

City & State

Jacksonville, FL 32256

City & State

Jacksonville, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip Country

32256 U.S.

Zip Country

32256 U.S.

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDDINS, HEIDI J
ONE MALAGA ST
SAINT AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name Karl B. Hanson III
Street Address (P.O. Box Number is Not Acceptable)
10151 Deerwood Park Blvd.
Building 100, Suite 330
City Jacksonville FL Zip Code 32256

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

KARL B. HANSON III, SECRETARY

7-14-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	ANESTIS, R. W.	
STREET ADDRESS	ONE MALAGA ST	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	WEST, G P	
STREET ADDRESS	1650 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MACSWAIN, R. F.	
STREET ADDRESS	ONE MALAGA ST	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WST, G. P.	
STREET ADDRESS	ONE MALAGA ST	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	EDDINS, HEIDI J	
STREET ADDRESS	ONE MALAGA ST	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. John Carey	
STREET ADDRESS	10151 Deerwood Park Blvd, Bldg 100, Ste 330	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis W. Graham, Jr.	
STREET ADDRESS	10151 Deerwood Park Blvd, Bldg 100, Ste 330	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karl B. Hanson III	
STREET ADDRESS	10151 Deerwood Park Blvd, Bldg 100, Ste 330	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melinda Thompson	
STREET ADDRESS	10151 Deerwood Park Blvd, Bldg 100, Ste 330	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(904) 279-3132

Daytime Phone #

CRE037 (5/00)