


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-17-2003 90071 001 ****61.25
09-17-2003 90071 002 ***175.00
FILED N98000001087

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DOCUMENT # N98000001087

1. Entity Name
AUSTIN-BAYMEADOWS ASSOCIATION, INC.



03 OCT 23 AM 10: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**1660 PRUDENTIAL DRIVE #203
JACKSONVILLE FL 32207** **1660 PRUDENTIAL DRIVE #203
JACKSONVILLE FL 32207**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
4465 Baymeadows Rd #3 **4465 Baymeadows Rd #3**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
JACKSONVILLE, FL **JACKSONVILLE FL**
Zip Country Zip Country
32217 **DUVAL** **32217** **DUVAL**

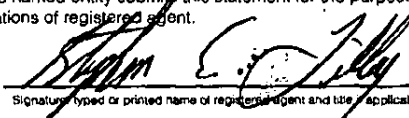
4. FEI Number **59-3591083** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**GARTNER, W A
1660 PRUDENTIAL DRIVE #203
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent
Name **STEPHEN TILLEY**
Street Address (P.O. Box Number is Not Acceptable)
4465 BAYMEADOWS ROAD #3
City **JACKSONVILLE** FL Zip Code **32217**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GARTNER, W A 1660 PRUDENTIAL DRIVE #203 JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKWOOD, JACK 1660 PRUDENTIAL DRIVE #203 JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARTNER, KEVIN P 1660 PRUDENTIAL DRIVE #203 JACKSONVILLE FL 32207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP JACK Gibney 4465 Baymeadows Rd. #2 JACKSONVILLE, FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sec Michael Lutz 4465 Baymeadows Rd #5 JACKSONVILLE, FL 32217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pres STEPHEN E. TILLEY 4465 Baymeadows Rd. #3 JACKSONVILLE, FL 32217	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

SIGNATURE:  **SIGNATURE REQUIRED** Date Daytime Phone #

CR2E037 (10/02)