

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000098523 (9)
 1. Corporation Name
ORTEGA PARK AT BLANDING, INC.



Principal Place of Business 4540 SOUTHSIDE BLVD., STE. 902-A JACKSONVILLE FL 32216	Mailing Address 4540 SOUTHSIDE BLVD., STE. 902-A JACKSONVILLE FL 32216-5481
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3. Date Incorporated or Qualified 11/27/1996	3a. Date of Last Report
4. FEI Number 59-3420007	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 9551 BAYMEADOWS RD	2a. Mailing Address 9551 BAYMEADOWS RD
22. Suite, Apt. #, etc. SUITE 4	27. Suite, Apt. #, etc. SUITE 4
23. City & State JACKSONVILLE FL	28. City & State JACKSONVILLE FL
24. Zip 32256	29. Zip 32256
25. Country	30. Country

9. Name and Address of Current Registered Agent HURST, CHRISTOPHER J 4540 SOUTHSIDE BLVD., STE. 902-A JACKSONVILLE FL 32216		10. Name and Address of New Registered Agent	
81. Name E. CHESTER STOKES, JR.	82. Street Address (P.O. Box Number is Not Acceptable) 9551 BAYMEADOWS RD	83. City SUITE 4	85. Zip Code FL 32256

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE: *E. Chester Stokes, Jr.* **E. CHESTER STOKES, JR.** DATE: **4/22/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HURST, CHRISTOPHER J		1.2 NAME STOKES, E. CHESTER JR	
STREET ADDRESS 4540 SOUTHSIDE BLVD., STE. 902-A		1.3 STREET ADDRESS 9551 BAYMEADOWS RD. SUITE 4	
CITY - ST - ZIP JACKSONVILLE FL 32216		1.4 CITY - ST - ZIP JACKSONVILLE FL 32256	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME PUTNAL, JAMES E.	
STREET ADDRESS		2.3 STREET ADDRESS 9551 BAYMEADOWS RD. SUITE 4	
CITY - ST - ZIP		2.4 CITY - ST - ZIP JACKSONVILLE FL 32256	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME BERGMANN, THOMAS C.	
STREET ADDRESS		3.3 STREET ADDRESS 9551 BAYMEADOWS RD, SUITE 4	
CITY - ST - ZIP		3.4 CITY - ST - ZIP JACKSONVILLE FL 32256	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME BRAREN, MICHAEL E.	
STREET ADDRESS		4.3 STREET ADDRESS 9551 BAYMEADOWS RD. SUITE 4	
CITY - ST - ZIP		4.4 CITY - ST - ZIP JACKSONVILLE FL 32256	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME FREDENHAGEN, SHARON W.	
STREET ADDRESS		5.3 STREET ADDRESS 9551 BAYMEADOWS RD. SUITE 4	
CITY - ST - ZIP		5.4 CITY - ST - ZIP JACKSONVILLE FL 32256	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME HICE, SHERRY	
STREET ADDRESS		6.3 STREET ADDRESS 9551 BAYMEADOWS RD. SUITE 4	
CITY - ST - ZIP		6.4 CITY - ST - ZIP JACKSONVILLE FL 32256	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sherry Hice* **SIGNATURE REQUIRED** DATE: **4/22/97** DAYTIME PHONE: **904/739-2249**

CR2034 (9/96)