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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755237 (5)
1. Corporation Name
TOWNHOMES OF BIGTREE ASSOCIATION, INC.



Principal Place of Business P. O. BOX 23832 P. O. BOX 23832 322413832 32241-0832	Mailing Address P. O. BOX 23832 P. O. BOX 23832 322413832 32241-3832
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3. Date Incorporated or Qualified 11/21/1980	3a. Date of Last Report 02/01/1996
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2. Principal Place of Business 21 P.O. Box 5642 Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 5642 Suite, Apt. #, etc.
22 City & State 23 Jacksonville, Fl.	27 City & State 28 Jacksonville, Fl.
24 Zip 32247-5642	25 Country Duval
29 Zip 32247-5642	30 Country Duval

4. FEI Number 59-2068347	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	

9. Name and Address of Current Registered Agent
**ROLFE, LAWRENCE C. ATTY. AT LAW
720 BLACKSTONE BLDG.
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	TDV	<input type="checkbox"/> DELETE
NAME	KIRBY, T. MALCOLM	
STREET ADDRESS	10465 BIGTREE CIRCLE, EAST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNN, THOMAS	
STREET ADDRESS	10335 BIGTREE TERRACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELSINGER, JAMES	
STREET ADDRESS	10547 BIGTREE CIRCLE, EAST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOK, EMORY	
STREET ADDRESS	10430 BIGTREE CIRCLE, EAST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PECK, SHIRLEY	
STREET ADDRESS	10456 BIGTREE CIR., W.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ELLIS, RAYMOND	
STREET ADDRESS	10431 BIGTREE CIRCLE, WEST	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jessie-Lynne Kerr	
5.3 STREET ADDRESS	10449 Bigtree Circle, E.	
5.4 CITY-ST-ZIP	Jacksonville, FL. 32257	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: *Sandra B. Mortham*

1/29/97

CR2E037 (9/96)