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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755237

1. Corporation Name

TOWNHOMES OF BIGTREE ASSOCIATION, INC.

Principal Place of Business

P O BOX 5642
JACKSONVILLE FL 32247
US

Mailing Address

P O BOX 5642
JACKSONVILLE FL 32247
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/21/1980

4. FEI Number

59-2068347

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 checked="" type="checkbox"/> DELETE
NAME	KIRBY, T. MALCOLM	
STREET ADDRESS	10465 BIGTREE CIRCLE, EAST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUNN, THOMAS	
STREET ADDRESS	10335 BIGTREE TERRACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELSINGER, JAMES	
STREET ADDRESS	10547 BIGTREE CIRCLE, EAST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOK, EMORY	
STREET ADDRESS	10430 BIGTREE CIRCLE, EAST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KERR, JESSIE-LYNNE	
STREET ADDRESS	10449 BIGTREE CIRCLE E	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input checked="" 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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hobson Bennett	
1.3 STREET ADDRESS	10394 Bigtree Circle, W.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32257	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DON CAMPBELL	
2.3 STREET ADDRESS	10511 Bigtree Circle, E.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32257	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SO MOORE	
3.3 STREET ADDRESS	10383 Bigtree Circle, E.	
3.4 CITY-ST-ZIP	Jacksonville, FL 32257	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LOOS, Shirley	
4.3 STREET ADDRESS	10484 Bigtree Circle, W.	
4.4 CITY-ST-ZIP	Jacksonville, FL 32257	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BRAGG, Phil	
6.3 STREET ADDRESS	10452 Bigtree Circle, W.	
6.4 CITY-ST-ZIP	Jacksonville, FL 32257	

14. 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 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 empowerments.

SIGNATURE:

Lawrence C. Rolfe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904-733-4335

CR2E037 (11/98)