

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 24 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765834 (7)

1. Corporation Name

VILLAGE GREEN AT BAYMEADOWS PROPERTY OWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1890 S 14TH ST. SUITE 105
P.O. BOX 1408
FERNANDINA BEACH FL 32034

1890 S 14TH ST. SUITE 105
P.O. BOX 1408
FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified

3a. Date of Last Report

11/22/1982

03/21/1994

4. FEI Number

Applied For

59-2249685

Not Applicable

5. Certificate of Status Desired

\$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 2215 EAST STATE ROAD 200

26 P O BOX 1408

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State
YULEE FL

28 City & State
FERNANDINA BEACH FL

24 Zip
32097

25 Country
US

29 Zip
32035-1408

30 Country
US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, TERRELL, J
PROPERTY MANAGEMENT SYSTEMS, INC.
1890 SOUTH 14TH ST., SUITE 105
FERNANDINA BEACH FL 32034

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
2215 EAST STATE ROAD 200

83

84 City

YULEE

FL

85 Zip Code

32097

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	WHISLER, DENISE
STREET ADDRESS	7701 BAYMEADOWS CIR., W., SUITE 1037
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VDP
NAME	STANSELL, KATHLEEN
STREET ADDRESS	7610 BAYMEADOWS CIR., W., SUITE 301
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	SD
NAME	RENNINGER, DON
STREET ADDRESS	7623 BAYMEADOWS CIR., W., SUITE 2034
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	TD
NAME	LEHMAN, GERALD
STREET ADDRESS	7623 BAYMEADOWS CIR. W., SUITE 2065
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	FETZER, BOB
STREET ADDRESS	7701 BAYMEADOWS CIR. W., SUITE 1158
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	ARNEY, JUDY
STREET ADDRESS	7610 PUTTERS COVE DR.
CITY - ST - ZIP	JACKSONVILLE FL

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MATTHEW LINKY	
13 STREET ADDRESS	7701 BAYMEADOWS CIRCLE W #1144	
14 CITY - ST - ZIP	JACKSONVILLE FL	
21 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)

Matthew Linky

4/11/95

904-391-5871