

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 765834 (7)

1. Corporation Name  
**VILLAGE GREEN AT BAYMEADOWS PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business: 2215 EAST STATE ROAD 200, P.O. BOX 1408, YULEE FL 32097, US  
Mailing Address: P.O. BOX 1408, FERNANDINA BEACH FL 32035-1408, US

3. Date Incorporated or Qualified: 11/22/1982  
3a. Date of Last Report: 04/24/1995

2. Principal Place of Business  
21 9116 CYPRESS GREEN DR.  
Suite, Apt. #, etc.  
22 SUITE 206  
City & State  
23 JACKSONVILLE, FL  
Zip Country  
24 32256 25 USA  
2a. Mailing Address  
26 9116 CYPRESS GREEN DR.  
Suite, Apt. #, etc.  
27 SUITE 206  
City & State  
28 JACKSONVILLE, FL  
Zip Country  
29 32256 30 USA

4. FEI Number: 59-2249685  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: POWELL, TERRELL, J, PROPERTY MANAGEMENT SYSTEMS, INC., 2215 EAST STATE ROAD 200, YULEE FL 32097  
10. Name and Address of New Registered Agent: 81 Name: JOHN T. EWING, 82 Street Address: 9116 CYPRESS GREEN DRIVE, 83 SUITE 206, 84 City: JACKSONVILLE, FL, 85 Zip Code: 32256

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: *John T. Ewing* JOHN T. EWING 1/26/96  
NOTE: Registered Agent signature required when registering. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE: PD	LINKY, MATTHEW	11 TITLE: PO	CLAUDE CRAIG
NAME: LINKY, MATTHEW	7701 BAYMEADOWS CIRCLE, W #1144	12 NAME: CLAUDE CRAIG	7623 BAYMEADOWS CIRCLE W. # 2016
STREET ADDRESS: 7701 BAYMEADOWS CIRCLE, W #1144	JACKSONVILLE FL	13 STREET ADDRESS: 7623 BAYMEADOWS CIRCLE W. # 2016	JACKSONVILLE, FL 32256
CITY-ST-ZIP: JACKSONVILLE FL		14 CITY-ST-ZIP: JACKSONVILLE, FL 32256	
TITLE: SD	STANSELL, KATHLEEN	21 TITLE: VO	KATHLEEN STANSELL
NAME: STANSELL, KATHLEEN	7610 BAYMEADOWS CIR., W., SUITE 301	22 NAME: KATHLEEN STANSELL	7620 BAYMEADOWS CIRCLE W # 301
STREET ADDRESS: 7610 BAYMEADOWS CIR., W., SUITE 301	JACKSONVILLE FL	23 STREET ADDRESS: 7620 BAYMEADOWS CIRCLE W # 301	JACKSONVILLE, FL 32256
CITY-ST-ZIP: JACKSONVILLE FL		24 CITY-ST-ZIP: JACKSONVILLE, FL 32256	
TITLE: D	RENNINGER, DON	31 TITLE: TO	JUDY IHANRAHAN
NAME: RENNINGER, DON	7623 BAYMEADOWS CIR., W., SUITE 2034	32 NAME: JUDY IHANRAHAN	7701 BAYMEADOWS CIRCLE W # 1082
STREET ADDRESS: 7623 BAYMEADOWS CIR., W., SUITE 2034	JACKSONVILLE FL	33 STREET ADDRESS: 7701 BAYMEADOWS CIRCLE W # 1082	JACKSONVILLE, FL 32256
CITY-ST-ZIP: JACKSONVILLE FL		34 CITY-ST-ZIP: JACKSONVILLE, FL 32256	
TITLE: TD	LEHMAN, GERALD	41 TITLE: SO	SANDRA MAIN
NAME: LEHMAN, GERALD	7623 BAYMEADOWS CIR. W., SUITE 2065	42 NAME: SANDRA MAIN	7602 PUTTERS COVE DRIVE
STREET ADDRESS: 7623 BAYMEADOWS CIR. W., SUITE 2065	JACKSONVILLE FL	43 STREET ADDRESS: 7602 PUTTERS COVE DRIVE	JACKSONVILLE, FL 32256
CITY-ST-ZIP: JACKSONVILLE FL		44 CITY-ST-ZIP: JACKSONVILLE, FL 32256	
TITLE: D	ARNEY, JUDY	51 TITLE: O	SANDRA LEE
NAME: ARNEY, JUDY	7610 PUTTERS COVE DR.	52 NAME: SANDRA LEE	7701 BAYMEADOWS CIRCLE W. # 1084
STREET ADDRESS: 7610 PUTTERS COVE DR.	JACKSONVILLE FL	53 STREET ADDRESS: 7701 BAYMEADOWS CIRCLE W. # 1084	JACKSONVILLE, FL 32256
CITY-ST-ZIP: JACKSONVILLE FL		54 CITY-ST-ZIP: JACKSONVILLE, FL 32256	
TITLE: [ ] DELETE		61 TITLE: [ ] Change [ ] Addition	
NAME: [ ] DELETE		62 NAME: [ ] Change [ ] Addition	
STREET ADDRESS: [ ] DELETE		63 STREET ADDRESS: [ ] Change [ ] Addition	
CITY-ST-ZIP: [ ] DELETE		64 CITY-ST-ZIP: [ ] Change [ ] Addition	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Claude M. Craig* CLAUDE M. CRAIG 2/15/96 904-731-3457  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)