


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765834 (7)

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



Principal Place of Business 9116 CYPRESS GREEN DRIVE SUITE 206 JACKSONVILLE FL 32256 US	Mailing Address 9116 CYPRESS GREEN DRIVE SUITE 206 JACKSONVILLE FL 32256 US
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3. Date Incorporated or Qualified 11/22/1982	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2249685	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**EWING, JOHN T.
 9116 CYPRESS GREEN DRIVE
 SUITE 206
 JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME LINKY, MATTHEW	1.1 TITLE PD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS 7701 BAYMEADOWS CIRCLE, W #1144	CITY-ST-ZIP JACKSONVILLE FL	1.2 NAME MIKE CRAIG	
		1.3 STREET ADDRESS 7623 BAYMEADOWS CIRCLE W # 2016	
		1.4 CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE VD	NAME STANSELL, KATHLEEN	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 7620 BAYMEADOWS CIRCLE #301	CITY-ST-ZIP JACKSONVILLE FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE D	NAME RENNINGER, DON	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 7623 BAYMEADOWS CIR., W., SUITE 2034	CITY-ST-ZIP JACKSONVILLE FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE TD	NAME HANRAHAN, JUDY	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 7701 BAYMEADOWS CIRCLE SUITE 1082	CITY-ST-ZIP JACKSONVILLE FL	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE SD	NAME MAIN, SANDRA	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 7802 PUTTERS COVE DRIVE	CITY-ST-ZIP JACKSONVILLE FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 my name appears with an address.

SIGNATURE: Clayton M. Craig 4/20/98 904-825-3465

CR2E037 (10/97)