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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 765834

1. Corporation Name

VILLAGE GREEN AT BAYMEADOWS PROPERTY OWNERS ASSO
CIATION, 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

2. Principal Place of Business

21 200 Executive Way
Suite, Apt. #, etc.

22 Suite 111

City & State

23 Ponte Vedra FL

Zip Country

24 32082 25 US

2a. Mailing Address

26 P.O. Box 2055
Suite, Apt. #, etc.

27

City & State

28 Ponte Vedra, FL

Zip Country

29 32004 30

3. Date Incorporated or Qualified

11/22/1982

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

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 Ewing, John T.
82 Street Address (P.O.-Box Number is Not Acceptable)
200 Executive Way
83 Suite 111
84 City Ponte Vedra FL 85 Zip Code 32082

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

4/15/99

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 PD DELETE

NAME CRAIG, MIKE
STREET ADDRESS 7623 BAYMEADOW CIR W, #2016
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE VD DELETE

NAME STANSELL, KATHLEEN
STREET ADDRESS 7620 BAYMEADOWS CIRCLE #301
CITY-ST-ZIP JACKSONVILLE FL

TITLE D DELETE

NAME RENNINGER, DON
STREET ADDRESS 7623 BAYMEADOWS CIR., W., SUITE 2034
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD DELETE

NAME HANRAHAN, JUDY
STREET ADDRESS 7701 BAYNEADOWS CIRCLE SUITE 1082
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD DELETE

NAME MAIN, SANDRA
STREET ADDRESS 7602 PUTTERS COVE DRIVE
CITY-ST-ZIP JACKSONVILLE FL

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

4-17-99

904-731-3457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006821

CR2E037 (1/198)