

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC -7 AM 10:55

1. Name of Limited Partnership

1a. DOCUMENT #
A98000001841

HARBOUR ISLE AT ST. AUGUSTINE, LTD.



Mailing Address

Principal Office Address

~~4091 TIMUCUANA ROAD~~
~~JACKSONVILLE FL 32210~~

~~4091 TIMUCUANA ROAD~~
~~JACKSONVILLE FL 32210~~

3. Date Formed or Registered

07/30/1998

5a. Capital Contributions as
Shown on record.

\$1,000.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

2. Mailing Address

6900 Southpoint Driven.

2a. Principal Office Address

6900 Southpoint Dr. N.

Suite, Apt. #, etc.

Suite 250

Suite, Apt. #, etc.

Suite 250

City & State

Jacksonville, FL 32216

City & State

Jacksonville, FL

Zip

32216

Country

Duval

Zip

32216

Country

Duval

6. FEI Number

59-3528528

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

SANKERS, GUS

~~4091 TIMUCUANA ROAD~~

~~JACKSONVILLE FL 32210~~

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

6900 Southpoint Dr. N.

Suite, Apt. #, etc.

Suite 250

City

Jacksonville

FL

Zip Code

32216

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

CORO INVESTMENT OF DUVAL, IN

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

6900 SOUTHPOINT DRIVE

Suite 250

11b. City, State & Zip Code

JACKSONVILLE FL 32216

11c. Registration/
Document Number

P95000085612

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-12/11/98--01099--022
****141.25 ****141.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

December 3, 1998

Coro Investment of Duval, Inc.

904-296-1112

Typed or Printed Name of General Partner Signing Form

Gus Sankers

Daytime Telephone Number

Executive Vice President

CR2E003 (8/96)

0000861