

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

APPROVED

98 MAY 26 11:12:37

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4-20-99 90030 009 \$100.00

DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # G26207
1. Corporation Name
GREEN ACRES R.V. CENTER, INC.

Principal Place of Business
12720 U.S. HIGHWAY 92
DOVER FL 33527

Mailing Address
12720 U.S. HIGHWAY 92
DOVER FL 33527

2. Principal Place of Business	2a. Mailing Address
21	28
22 Suite, Apt. #, etc. P.O. Box 3208	27 Suite, Apt. #, etc. P.O. Box 3208
23 City & State Plant City, FL	28 City & State Plant City, FL
24 Zip 33564	29 Zip 33564
25 Country USA	30 Country USA

3. Date Incorporated or Qualified
03/02/1983

4. FEI Number
59-2265494

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**DUMKE, CONRAD L.
12720 U.S. HIGHWAY 92
DOVER FL 33527**

10. Name and Address of New Registered Agent

81 Name
Scot Dumke

82 Street Address (P.O. Box Number is Not Acceptable)
2810 Pine Club Dr

83

84 City
Plant City

85 Zip Code
FL 33567

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]* DATE: **4/15/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUMKE, CONRAD L.	
STREET ADDRESS	12720 U.S. HWY 92	
CITY-ST-ZIP	DOVER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DUMKE, SCOT L.	
STREET ADDRESS	12720 U.S. HWY 92	
CITY-ST-ZIP	DOVER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DUMKE, NEOODA	
STREET ADDRESS	12720 U.S. HWY 92	
CITY-ST-ZIP	DOVER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DUMKE, CHAD C.	
STREET ADDRESS	12720 U.S. HWY 92	
CITY-ST-ZIP	DOVER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2810 P.O. Box 3208
1.4 CITY-ST-ZIP	Plant City, FL 33564
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	P.O. Box 3208
2.4 CITY-ST-ZIP	Plant City, FL 33564
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	P.O. Box 3208
3.4 CITY-ST-ZIP	Plant City, FL 33564
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	P.O. Box 3208
4.4 CITY-ST-ZIP	Plant City, FL 33564
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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 607, 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]* SIGNATURE REQUIRED: *[Signature]* DATE: **4/15/99** (813) 288-8641

CR2504 (1/98)

FILE NOW: FILING FEE IS \$61.25

APR 26 1999

1082

99 MAY 26 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98-00AR

NONPROFIT CORPORATION REPORT 1998

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

DOCUMENT # N95000004300
1. Corporation Name
The Ponte Vedra Carlyle Condominium Association, Inc

Principal Place of Business Mailing Address

**c/o Four Seasons Management
10036 Sawgrass Dive, Ste 3
Ponte Vedra Beach, FL 32082
US**

**c/o Four Seasons Mgmt
P.O. Box 1159
Ponte Vedra Bch, FL
32004
US**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified
4/25/96

4. FEI Number Applied For
59-3336576 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**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**Munch, Donald
Four Seasons Management, Inc.
10036 Sawgrass Drive, Suite 3
Ponte Vedra Beach, FL 32082**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 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 Donald Munch Registered Agent **4/19/99**

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	JOHNSON, DAVID	
STREET ADDRESS	600 Ponte Vedra Blvd #204	
CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	Mesch, Michael	
STREET ADDRESS	600 Ponte Vedra Blvd #302	
CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Bischott, Mardie	
STREET ADDRESS	600 Ponte Vedra Blvd #410	
CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Schwab, Mary	
STREET ADDRESS	600 Ponte Vedra Blvd #407	
CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Caldwell, Robert	
STREET ADDRESS	600 Ponte Vedra Blvd #210	
CITY-ST-ZIP	Ponte Vedra Beach FL 32082	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	500002893105--8
13 STREET ADDRESS	-06/02/99--01034--031
14 CITY-ST-ZIP	*****61.25 *****61.25
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	500002893105--8
33 STREET ADDRESS	-06/02/99--01034--032
34 CITY-ST-ZIP	*****61.25 *****61.25
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input 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	

5/20/99

14. I hereby certify that the information supplied with this filing 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, for on an attachment with an address.

SIGNATURE: Robert Caldwell Robert Caldwell 4-19-99 904-285-1526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (10/97)