


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

FILED

Apr 07 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS																																																																																																																									
<b>DOCUMENT # H77242 (6)</b> 1. Corporation Name <b>JMC COMMUNITIES OF HARBOURSIDE, INC.</b>																																																																																																																													
Principal Place of Business <b>2201 4TH ST. N. SUITE 200 ST. PETERSBURG FL 33704</b>			Mailing Address <b>2201 4TH ST. N. SUITE 200 ST. PETERSBURG FL 33704-4300</b>																																																																																																																										
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>09/23/1985</b> 3a. Date of Last Report <b>05/01/1996</b> 4. FEI Number <b>59-2584641</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																									
9. Name and Address of Current Registered Agent <b>CHEEZEM, J. MICHAEL 2201 4TH STREET NORTH SUITE 200 ST. PETERSBURG FL 33704</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code																																																																																																																										
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____																																																																																																																													
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 10%;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>CHEEZEM, J. MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2201 4TH ST. N. STE. 200</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>COPELAND, G. S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2201 4TH. ST. N. STE. 200</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>LEAVELL, PATTY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2201 4TH. ST. N. STE. 200</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>ALLEN, ROBERT L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2201 4TH. ST. N. STE. 200</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BUSSEY, JOHN S.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2201 4TH ST. N. STE. 200</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> DELETE	NAME	CHEEZEM, J. MICHAEL		STREET ADDRESS	2201 4TH ST. N. STE. 200		CITY-ST-ZIP	ST. PETERSBURG FL		TITLE	S	<input type="checkbox"/> DELETE	NAME	COPELAND, G. S		STREET ADDRESS	2201 4TH. ST. N. STE. 200		CITY-ST-ZIP	ST. PETERSBURG FL		TITLE	V	<input type="checkbox"/> DELETE	NAME	LEAVELL, PATTY		STREET ADDRESS	2201 4TH. ST. N. STE. 200		CITY-ST-ZIP	ST. PETERSBURG FL		TITLE	T	<input type="checkbox"/> DELETE	NAME	ALLEN, ROBERT L		STREET ADDRESS	2201 4TH. ST. N. STE. 200		CITY-ST-ZIP	ST. PETERSBURG FL		TITLE	V	<input type="checkbox"/> DELETE	NAME	BUSSEY, JOHN S.		STREET ADDRESS	2201 4TH ST. N. STE. 200		CITY-ST-ZIP	ST. PETERSBURG FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">11 TITLE</td> <td style="width: 40%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>12 NAME</td> <td></td> </tr> <tr> <td>13 STREET ADDRESS</td> <td></td> </tr> <tr> <td>14 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>21 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>22 NAME</td> <td></td> </tr> <tr> <td>23 STREET ADDRESS</td> <td></td> </tr> <tr> <td>24 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>31 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>32 NAME</td> <td></td> </tr> <tr> <td>33 STREET ADDRESS</td> <td></td> </tr> <tr> <td>34 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>41 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>42 NAME</td> <td></td> </tr> <tr> <td>43 STREET ADDRESS</td> <td></td> </tr> <tr> <td>44 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>51 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>52 NAME</td> <td></td> </tr> <tr> <td>53 STREET ADDRESS</td> <td></td> </tr> <tr> <td>54 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>61 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>62 NAME</td> <td></td> </tr> <tr> <td>63 STREET ADDRESS</td> <td></td> </tr> <tr> <td>64 CITY-ST-ZIP</td> <td></td> </tr> </table>			11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME		13 STREET ADDRESS		14 CITY-ST-ZIP		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		33 STREET ADDRESS		34 CITY-ST-ZIP		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	
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14. I do 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 included 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. 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.																																																																																																																													
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																													



CR2E034 (9/96)

4/1/97 (813) 823-01  
Date Daytime Phone #

0373708