¹2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000004935

4/25

FILED May 30, 2001 8:00 am Secretary of State

GRAN PARK AT JACKSONVILE OWNERS ASSOCIATION, IN 04-25-2001 90066 014 ****61.25	1. Entity Nam							04-25-1	2001 9006	, 0 - 66 014 *	***61.25	_
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City & State Country St. Certificate of Status Desired St. 75 Additional Fee Required St. 75 Ad	2. Principal P	lace of Business	3. Mailing Address									
Zip Country S. Certificate of Status Desired \$5.75 Additional \$6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo	Suite, Apt. #, etc.		Suite, Apt. #, etc.	_			DO NOT WRIT	E IN THIS SF	PACE			
Country Country Country Country Country Country S. Certificato of Status Desired \$9.75 Austrational Required	City & State	е	City & State	· ·	4. FEI Number]	
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HANSON, KARL B III 10151 DEERWOOD PARK BLVD BLDG 100 STE 330 JACKSONVILLE FL 32256 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE S	6. Name and Address of Current Registered Agent						7. Name and	Address of New R	egistered Ag	ent		1
City FL Zip Code			<u> </u>		Name							1
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Rorida. SIGNATURE SIGNATURE SUBMARA, types or pervise name of inquised sport and like if Applicable PREE IS \$61.25 PREE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE MAKE CAREY, G JOHN	HANSON, KARL B III				Street A	ddress (f	P.O. Box Number	is Not Acceptable))	•		-
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Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE D		Signature, typed or printed name of registered agent i	and title if applicable (NOTE	tegistere	d Agent signat	ura required	when reinstating)		DATE			
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12. Thereby 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.												1
	12. I hereby	certify that the information supplied with	this filing does not qualify for	he exe	mption sta	ted in Se	ection 119.07(3)(i	, Florida Statutes.	I further certi	fy that the i	nformation	1

of the corporation or the receiver or trustee empowered to execute this report a required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.