2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000002939

Address:

City-St-Zip:

Entity Name: GOLFWAY CENTER OWNERS ASSOCIATION, INC.

FILED Apr 09, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1650 PRUDENTIAL DRIVE SUITE 400 1650 PRUDENTIAL DRIVE SUITE 400 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 **Current Mailing Address:** New Mailing Address: 1650 PRUDENTIAL DRIVE SUITE 400 1650 PRUDENTIAL DRIVE SUITE 400 JACKSONVILLE, FL 32207 ATTENTION: LEGAL DEPARTMENT JACKSONVILLE, FL 32207 FEI Number: 59-3716614 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PAINE, LAWRENCE PAINE, LAWRENCE 1650 PRUDENTIAL DRIVE SUITE 400 1650 PRUDENTIAL DRIVE SUITE 400 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: LAWRENCE PAINE 04/09/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition BOOHER, DOUGLAS A Name: Name: Address: Address: 1650 PRUDENTIAL DRIVE SUITE 400 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32207 US Title: Title: () Change (X) Addition () Delete WHITLATCH, SUSAN G Name: Name: Address: Address: 1650 PRUDENTIAL DRIVE SUITE 400 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32207 US Title: () Delete Title: () Change (X) Addition HERRING, FRANK W JR Name: Name: 4901 VINELAND ROAD SUITE 200 Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32811 US Title: () Delete Title: DΡ () Change (X) Addition Name: Name: SHALLEY, MICHAEL J 1650 PRUDENTIAL DRIVE SUITE 400 Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32207 US Title: () Delete Title: () Change (X) Addition SLAPPEY, BRADFORD A Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DOUGLAS A. BOOHER S 04/09/2002

1650 PRUDENTIAL DRIVE SUITE 400

JACKSONVILLE, FL 32207 US