


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04277 (2)
1. Corporation Name
THE BEACHCOMBER II OWNERS ASSOCIATION, INC.



Principal Place of Business 411 SOUTH 1ST STREET JACKSONVILLE FL 32250	Mailing Address 411 SOUTH 1ST STREET JACKSONVILLE FL 32250
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3. Date Incorporated or Qualified
07/19/1984

4. FEI Number
NOT APPLICABLE

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23	City & State 28
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24	Country 25	Zip 29	Country 30
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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
**CAMPO, PALMA
411 FIRST ST., SOUTH
JACKSONVILLE FL 32250**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Palma Campo - Treas & Sect. Palma Campo 1/5/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD SIGUEIROS, SANDRA	1.1 TITLE	PTD
NAME	411 FIRST ST S	1.2 NAME	DAVID BEARLY
STREET ADDRESS	JACKSONVILLE BCH FL	1.3 STREET ADDRESS	1328 MARSH HARBOUR DR
CITY - ST - ZIP		1.4 CITY - ST - ZIP	JAX, FLA 32225
TITLE	D	2.1 TITLE	
NAME	CAMPO, PALMA	2.2 NAME	
STREET ADDRESS	411 FIRST ST., S.	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE BCH. FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	D
NAME	JONES, HERMAN	3.2 NAME	TODD Edgington
STREET ADDRESS	411 FIRST ST S	3.3 STREET ADDRESS	411 FIRST ST. S.
CITY - ST - ZIP	JACKSONVILLE BCH FL	3.4 CITY - ST - ZIP	JAX. BCH, FLA. 32250
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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NAME		4.2 NAME	
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CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(i), 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, or on an attachment with an address.

SIGNATURE: Palma Campo - Treas & Sect. Palma Campo 1/5/98 (904) 249-2663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006625

CR2E037 (10/97)