


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90102 048 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N27918</b>					
<b>1. Corporation Name</b> <b>VILLAGE HOMEOWNERS OF JAX, INC.</b>					
<b>Principal Place of Business</b> MORRELL, CLARA J. 10960 BEACH BLVD #456 # 341 JACKSONVILLE FL 32246 US			<b>Mailing Address</b> MORRELL, CLARA J. 10960 BEACH BLVD #456 # 341 JACKSONVILLE FL 32246 US		
Virginia A. Starks			Virginia A. Starks		
<b>2. Principal Place of Business</b> <b>21</b> 10960 Beach Blvd., # 341 Suite, Apt. #, etc. <b>22</b> Jacksonville, FL 32246 City & State <b>23</b> Zip Country <b>24</b> 32246 <b>25</b> DUVAL		<b>2a. Mailing Address</b> <b>26</b> 10960 Beach Blvd., # 341 Suite, Apt. #, etc. <b>27</b> Jacksonville, FL 32246 City & State <b>28</b> Zip Country <b>29</b> 32246 <b>30</b> DUVAL		<b>3. Date Incorporated or Qualified</b> <b>08/17/1988</b> <b>4. FEI Number</b> <b>59-2931619</b> Applied For Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution	
<b>9. Name and Address of Current Registered Agent</b> MORRELL, CLARA J. 10960 BEACH BLVD #456 JACKSONVILLE FL 32246			<b>10. Name and Address of New Registered Agent</b> <b>81</b> Name Virginia A. Starks <b>82</b> Street Address (P.O. Box Number is Not Acceptable) 10960 Beach Blvd., # 341 <b>83</b> <b>84</b> City Jacksonville, FL <b>85</b> Zip Code 32246		
<b>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.</b> SIGNATURE Virginia A. Starks DATE 4-28-99 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>12. OFFICERS AND DIRECTORS</b>			<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		
TITLE <input type="checkbox"/> DELETE NAME VD STREET ADDRESS SPRINGER, JAMES CITY-ST-ZIP 10960 BEACH BLVD #455 JACKSONVILLE FL 32246			1.1 TITLE PD <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME PD STREET ADDRESS DIPPEL, CHARLES J CITY-ST-ZIP 10960 BEACH BLVD. #64 JACKSONVILLE FL			2.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME VD 2.3 STREET ADDRESS Kofke, Carol 2.4 CITY-ST-ZIP 10960 Beach Blvd., #337 Jacksonville, FL 32246		
TITLE <input checked="" type="checkbox"/> DELETE NAME SD STREET ADDRESS THOMPSON, LYNN C. CITY-ST-ZIP 10960 BEACH BLVD #355 JACKSONVILLE FL 32246			3.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME SD 3.3 STREET ADDRESS Savage, Connie 3.4 CITY-ST-ZIP 10960 Beach Blvd., #297 Jacksonville, FL 32246		
TITLE <input type="checkbox"/> DELETE NAME PD STREET ADDRESS STARKS, VIRGINIA A CITY-ST-ZIP 10960 BEACH BLVD. #341 JACKSONVILLE FL 32246			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME VD 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME TD STREET ADDRESS MORRELL, CLARA J. CITY-ST-ZIP 10960 BEACH BLVD #456 JACKSONVILLE FL 32246			5.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME TD 5.3 STREET ADDRESS Mattison, Nance 5.4 CITY-ST-ZIP 10960 Beach Blvd., #297 Jacksonville, FL 32246		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		



CR2E037 (11/98)

**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, with all other like empowered.**

**SIGNATURE:**

*Virginia A. Starks*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

904-645-8346

Daytime Phone #