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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29246** (8)

1. Corporation Name

ASSOCIATION OF VILLAGES OF FIRESIDE, INC.



Principal Place of Business 2215 E STATE ROAD 200 YULEE F 32097 US	Mailing Address P O BOX 1987 -HREM6 YULEE FL 32041-1987 US
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3. Date Incorporated or Qualified **11/14/1988** 3a. Date of Last Report **02/07/1996**

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. BOX 1987	4. FEI Number 59-2916816	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23	City & State 28 YULEE FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25 US	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POWELL, TERRELL J
2215 E. STATE ROAD 200
YULEE FL 32097**

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WEST, RICHARD M.		1.2 NAME KENNETH L. JOHNS JR.	
STREET ADDRESS ONE INDEPENDENT DR		1.3 STREET ADDRESS 11217 SAN JOSE BLVD	
CITY-ST-ZIP JACKSONVILLE FL		1.4 CITY-ST-ZIP JACKSONVILLE FL 32223	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FOSHEE, J. PATE		2.2 NAME ELINORE C. COX	
STREET ADDRESS ONE INDEPENDENT DR		2.3 STREET ADDRESS 11217 SAN JOSE BLVD	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP JACKSONVILLE FL 32223	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FOSHEE, J. PATE		3.2 NAME DEBORAH H. DUNBAR	
STREET ADDRESS ONE INDEPENDENT DR		3.3 STREET ADDRESS 11217 SAN JOSE BLVD	
CITY-ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP JACKSONVILLE FL 32223	
TITLE STD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNS, EDWARD M.		4.2 NAME	
STREET ADDRESS ONE INDEPENDENT DR		4.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Deborah H. Dunbar

2/14/97

904/268-2845

CR2E037 (9/96)