FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

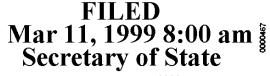
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N29246

ASSOCIATION OF VILLAGES OF FIRESIDE, INC.

Principal Place of Business	Mailing Address	
2215 E STATE ROAD 200 YULEE F 32097 US	P.O. BOX 1987 YULEE FL 32041 US	



03-11-1999 90213 033 ****61.25

Principal Place of Business Mailing Address					-1 · · ·		
2215 E STATE	ROAD 200	P.O. BOX 1987			1 IOONINE DER GERIE LEHO HIDTE DERIG ON	BIBN 1111 BIBN 1181	
YULEE F 3209		YULEE FL 32041					
US		US			i illition did itain iaila itail didin akt	1 A(8(1 B(8)) A(8)) B(8)	'1911 AIAIL IBAI
2 Drivated D	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed		
	ace of Business	26			11/14/1988		
Suite, Apt.	# etc	Suite, Apt. #, etc.	·-··		4. FEI Number	A	pplied For
22	m, 010.	27		- · ·	59-2916816		ot Applicable
City & State	e	City & State			5. Certificate of Status Desired	\$8.75	Additional
23		28			5. Certifcate of Status Desired L	Fee R	equired
Zip	Country	Zip	Country	1	6. Election Campaign Financing	¬ \$5.00	May Be
24	25	29	10		Trust Fund Contribution	Added	to Fees
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	stered Agent	
			j 81	Name			
POWELL.	TERRELL J		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	TATE ROAD 200		_	<u> </u>		 _	
YULEE FL			83	` [·	
			84	City		85 Zip	Code
			1	- "	rporation submits this statement for the pu	FL "	
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0503, Flori	da Statute:	5. 	tion's board of directors. I hereby accept the	·	<u></u>
	Signature, typed or printed name of registered ag			nt signature requi	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECT	ORS IN 12
12.		IND DIRECTORS	13.		ADDITIONS/CHANGES TO CITTLE	Change	
TITLE	DP	CT DETELE	1.1 TITLE	1			
NAME	JOHNS, KENNETH L		1.2 NAME	T (DDbdda			
STREET ADDRESS	11217 SAN JOSE BLVD.			TADORESS			
CITY-ST-ZIP	JACKSONVILLE FL 32223	☐ DELETE	1.4 CITY-5 2.1 TITLE	51-ZIP		Change	Addition
TITLE	DV	- Detric	2.2 NAME	Í		_	_
NAME	ZAKOSKE, JOHN E		1	T ADDRESS			
STREET ADDRESS	11217 SAN JOSE BLVD			·	ì		
CITY-ST-ZIP	JACKSONVILLE FL 32223	DELETE	2. 4 CITY- 3.1 TITLE	51-ZIP		— [Change	☐ Addition
	1		3.2 NAME			, <u> </u>	
NAME	ARNOLD, CHARLES W III 11217 SAN JOSE BLVD			TADORESS	,		
STREET ADDRESS	JAX FL 32223		3.4. CITY-	1	•		
CITY-ST-ZIP TITLE	JAX FL 32223	☐ DELETE	4.1 TITLE	31-211		☐ Change	☐ Addition
NAME			4. 2 NAME			_	
STREET ADDRESS			1	T ADDRESS		•	
			4.4 CITY-	- 1			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME	İ	•		
STREET ADDRESS			6.3 STREE	ET ADDRESS	•		
CITY ST ZID			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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED