

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33570 (5)

1. Corporation Name

BARNETT OFFICE PARK CONDOMINIUM ASSOCIATION, INC



Principal Place of Business

50 NORTH LAURA STREET
JACKSONVILLE FL 32202

Mailing Address

50 NORTH LAURA STREET
ATTN: REGULATORY RELATIONS
JACKSONVILLE FL 32202
US

3. Date Incorporated or Qualified
08/03/1989

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWARTLEY, RICHARD E.
50 LAURA STREET
JACKSONVILLE FL 32202-0610

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 617.0502, Florida Statutes.

SIGNATURE

XXXXXXXXXXXX

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE
NAME LYNCH, JOHN J.
STREET ADDRESS 9000 SOUTHSIDE BLVD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☒ DELETE
NAME STRICKLAND, DAVID
STREET ADDRESS 9000 SOUTHSIDE BLVD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE VPD ☐ DELETE
NAME WOMACK, KATHLEEN
STREET ADDRESS 9000 SOUTHSIDE BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME MCCANN, PATRICK
STREET ADDRESS 50 NORTH LAURA ST.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME MILES, LINDA T.
STREET ADDRESS 9000 SOUTHSIDE BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME KERINS, PAUL
STREET ADDRESS 50 NORTH LAURA ST.
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME D Becky Allen
23 STREET ADDRESS 9000 Southside Blvd.
24 CITY-ST-ZIP Jacksonville, FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME 600001797286
53 STREET ADDRESS -04/29/96--01016--001
54 CITY-ST-ZIP ***208.75

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

JOHN LYNCH

Date

4/23/96 (904) 464-4983

Daytime Phone

CR2E037 (12/95)