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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33570

1. Corporation Name

BARNETT OFFICE PARK CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
50 NORTH LAURA STREET JACKSONVILLE FL 32202	50 NORTH LAURA STREET ATTN: REGULATORY RELATIONS JACKSONVILLE FL 32202 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/03/1989
22 401 N TRYON ST CHARLOTTE NC 28255	27 401 N TRYON ST CHARLOTTE NC 28255	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
23	28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip 25 Country	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ENGLAND, GARY W 50 N LAURA STREET MAIL CODE 099-000-0907 JACKSONVILLE FL 32202	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LYNCH, JOHN J.		1.2 NAME		
STREET ADDRESS	~~9000 SOUTHSIDE BLVD.~~		1.3 STREET ADDRESS	401 N TRYON ST	
CITY-ST-ZIP	~~JACKSONVILLE FL~~		1.4 CITY-ST-ZIP	CHARLOTTE NC 28255	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WOMACK, KATHLEEN		2.2 NAME		
STREET ADDRESS	~~9000 SOUTHSIDE BOULEVARD~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~JACKSONVILLE FL~~		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCCANN, PATRICK		3.2 NAME		
STREET ADDRESS	~~50 NORTH LAURA ST.~~		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~JACKSONVILLE FL~~		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	VP	☐ Change ☐ Addition
NAME			4.2 NAME	Duane L. Smith	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	5/19/99 90018 001 7500.00	

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 er...

SIGNATURE: SIGNATURE REQUIRE **DUANE L. SMITH, VP** **4/23/99** **704-388-2460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AD

CR2E037 (11/98)