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Mar 19 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 # N34100 (0)

1. Corporation Name
CUNNINGHAM CREEK UNIT III HOME OWNER'S ASSOCIATION, INC.



Principal Place of Business 445-26 STATE RD. 13 SUITE 358 JACKSONVILLE FL 32259	Mailing Address 445-26 STATE RD. 13 SUITE 358 JACKSONVILLE FL 32259-3825
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3. Date Incorporated or Qualified 09/12/1989	3a. Date of Last Report 04/19/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2971067	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MATHIS, DON
245 HAWKCREST DR., E.
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MATHIS, DON	
STREET ADDRESS	2145 HAWKCREST DR., E.	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SLEE, DON JR.	
STREET ADDRESS	1923 WEB FOOT PL.	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CALABRESE, PETER	
STREET ADDRESS	1928 WEB FOOT PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLAY, GARRY	
STREET ADDRESS	1931 WEB FOOT PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACK, DON	
STREET ADDRESS	2146 HAWKCREST DR., E.	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MICHAEL KEY SR.
2.3 STREET ADDRESS	2219 HAWKCREST DRIVE EAST
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32259
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RANDY JENNINGS
3.3 STREET ADDRESS	2120 WHITE WING DOVE PLACE
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32259
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GEORGE BIASTRE JR.
4.3 STREET ADDRESS	2170 HAWKCREST DRIVE EAST
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32259
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DON SLEE JR.
6.3 STREET ADDRESS	1923 WEB FOOT PLACE
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32259

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: RANDY JENNINGS, Randy Jennings 2/17/97 904-387-4661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007073

CR2E037 (9/96)