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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34269 (3)
 1. Corporation Name
THE CORNELL CLUB OF GREATER JACKSONVILLE, INC.



Principal Place of Business C/O J. W. TOWART 12219 CATTAIL DRIVE W. JACKSONVILLE FL 32223	Mailing Address C/O J. W. TOWART 12219 CATTAIL DRIVE W. JACKSONVILLE FL 32223
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3. Date Incorporated or Qualified 09/19/1989	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 59-2971381	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**TOWART, JAMES W
 12219 CATTAIL DR W
 JACKSONVILLE FL 32223**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL
86 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 MASON, KENNETH B <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD MASON, KENNETH B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16 SEA WINDS LANE EAST	1.2 NAME	16 SEA WINDS LANE EAST
STREET ADDRESS	PONTE VEDRA BCH. FL	1.3 STREET ADDRESS	PONTE VEDRA BCH. FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD REED, MARY ELLEN <input type="checkbox"/> DELETE	2.1 TITLE	PD H. CHRISTOPHERA DEMME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15 SEA WINDS LANE E	2.2 NAME	S PLAYERS CLUB VILLAS
STREET ADDRESS	PONTE VEDRA BCH FL	2.3 STREET ADDRESS	PONTE VEDRA BEACH, FL.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD HOERTDOERFER, ERIC <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D FRANKLIN, ERNEST W. JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3909 SUNBEAM RD #114	3.2 NAME	416 PINE ROAD
STREET ADDRESS	JACKSONVILLE FL	3.3 STREET ADDRESS	ORANGE PARK, FL.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD GOTTESMANN, SUSAN R <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	6 TURTLEBACK TRAIL	4.2 NAME	
STREET ADDRESS	PONTE VEDRA BCH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD TOWART, JAMES W <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	12219 CATTAIL DR W	5.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: JW Towart Treasurer April 9, 1998 904 262-4329
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 000882

CP2E037 (10/97)