

FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39819** (0)  
1. Corporation Name  
**SUNBEAM CENTER COMMERCIAL PARK ASSOCIATION, INC.**



Principal Place of Business <b>9595 SUNBEAM CENTER DR JACKSONVILLE FL 32257 US</b>	Mailing Address <b>9595 SUNBEAM CENTER DR JACKSONVILLE FL 32257 US</b>
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3. Date Incorporated or Qualified

**09/07/1990**

4. FEI Number

**59-2909268**

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CASWELL, TOMMY  
9595 SUNBEAM CENTER DR  
JACKSONVILLE FL 32257**

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

*Tommy Caswell - Pres*  
Signature, typed or printed name of registered agent and title if applicable

*Tommy Caswell - Pres*  
(NOTE: Registered Agent signature required when reinstating)

**5-1-98**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CASWELL, TOMMY	
STREET ADDRESS	9595 SUNBEAM CENTER DR	
CITY-ST-ZIP	JACKSONVILLE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BERGHOEFER, JOYCE	
STREET ADDRESS	9601 SUNBEAM CENTER DR	
CITY-ST-ZIP	JACKSONVILLE FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEE, MELISSA	
STREET ADDRESS	11221-1 ST JOHNS IND. PKWY S.	
CITY-ST-ZIP	JACKSONVILLE FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MATSON, STEVE	
STREET ADDRESS	9654 SUNBEAM CENTER DR	
CITY-ST-ZIP	JACKSONVILLE FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIS, DAVE	
STREET ADDRESS	9624 SUNBEAM CENTER DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOONEYHAN, MARK	
STREET ADDRESS	1121 POLOLEE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

*Tommy Caswell - Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-98**  
Date

**904-262-6601**  
Daytime Phone #

0079774

CR2E037 (10/97)