


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90195 024 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N39819					
1. Corporation Name SUNBEAM CENTER COMMERCIAL PARK ASSOCIATION, INC.					
Principal Place of Business 9595 SUNBEAM CENTER DR JACKSONVILLE FL 32257 US			Mailing Address 9595 SUNBEAM CENTER DR JACKSONVILLE FL 32257 US		

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/07/1990	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2909268	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		30	
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 agent 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 <i>[Signature]</i> DATE 4-27-99 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	PTD <input type="checkbox"/> DELETE				
NAME	CASWELL, TOMMY				
STREET ADDRESS	9595 SUNBEAM CENTER DR				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	VSD <input checked="" type="checkbox"/> DELETE				
NAME	BERGHOEFER, JOYCE				
STREET ADDRESS	9601 SUNBEAM CENTER DR				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	LEE, MELISSA				
STREET ADDRESS	11221-1 ST JOHNS IND. PKWY S.				
CITY-ST-ZIP	JACKSONVILLE FL 32216				
TITLE	D <input type="checkbox"/> DELETE				
NAME	MATSON, STEVE				
STREET ADDRESS	9654 SUNBEAM CENTER DR				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	D <input checked="" type="checkbox"/> DELETE				
NAME	HARRIS, DAVIE				
STREET ADDRESS	9624 SUNBEAM CENTER DRIVE				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	D <input type="checkbox"/> DELETE				
NAME	MOONEYHAN, MARK				
STREET ADDRESS	1121 POLOLEE ROAD				
CITY-ST-ZIP	JACKSONVILLE FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	Director-vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
1.2 NAME	Sanfilippo, Andrew P.				
1.3 STREET ADDRESS	9624 Sunbeam Center Dr.				
1.4 CITY-ST-ZIP	Jacksonville, FL 32257				
2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
2.2 NAME	York, Tom				
2.3 STREET ADDRESS	9601 Sunbeam Center Dr.				
2.4 CITY-ST-ZIP	Jacksonville, FL 32257				
3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
3.2 NAME	Culp, Jim				
3.3 STREET ADDRESS	9612 Sunbeam Center Dr.				
3.4 CITY-ST-ZIP	Jacksonville, FL 32257				
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
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 type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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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 a different like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED **4-27-99** **904-262-6601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #