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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT **1999**



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

DOCUMENT # N40551 (6)
 1. Corporation Name
 JGD OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 4245 South Highway 17-92 4245 S. Hwy 17-92
 Casselberry, Fl. 32700 Casselberry, Fl.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/26/1990	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
				59-3034268	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
24. Zip Country		29. Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DeLude Edward G. 103 East Lauren Court Fern Park, Florida 32750				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City FL B5 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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Addition
NAME	Brund Lillian	1.2 NAME	Gibb Linda
STREET ADDRESS	4225 S. Hwy 17-92	1.3 STREET ADDRESS	4235 S Hwy 17/92
CITY-ST-ZIP	Casselberry, Florida 32707	1.4 CITY-ST-ZIP	Casselberry Florida 32707
TITLE	DGi <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	Gibb, Gordon R.	2.2 NAME	
STREET ADDRESS	4245 S. Hwy 17-92	2.3 STREET ADDRESS	
CITY-ST-ZIP	Casselberry, Fl, 32707	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	Nunlist, Duffey, V.	3.2 NAME	
STREET ADDRESS	4245 S. Hwy 17-92	3.3 STREET ADDRESS	
CITY-ST-ZIP	Casselberry, Fl 32707	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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, with all other like empowered.

SIGNATURE: Dudley V Nunlist 18 Mar 99 (407) 830-4997
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)