


FILE NOW: FILING FEE IS \$61.25

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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90002 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N42107					
1. Corporation Name SPRINGLEAF HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 2565 EIFFEL CIRCLE EAST JACKSONVILLE FL 32210			Mailing Address 2565 EIFFEL CIRCLE JACKSONVILLE FL 32210		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/12/1991	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3332896 NOT APPLICABLE	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		30 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			
PICKETT, ANNE F 2565 EIFFEL CIRCLE JACKSONVILLE FL 32210				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PICKETT, ANNE F			1.2 NAME			
STREET ADDRESS	2565 EIFFEL			1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32210			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRIS, KENNETH R			2.2 NAME			
STREET ADDRESS	7973 JACQUES DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32210			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELCHUK, ROBERT			3.2 NAME			
STREET ADDRESS	2569 EIFFEL CIRCLE WEST			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32210			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CROSBY, JAMES A			4.2 NAME			
STREET ADDRESS	2570 EIFFEL CIRCLE EAST			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32210			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMPSON, CAROLYN H			5.2 NAME			
STREET ADDRESS	2557 EIFFEL CIRCLE WEST			5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32210			5.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VOSS, JAMES			6.2 NAME			
STREET ADDRESS	7945 JACQUES DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

Date

Daytime Phone #

904-381-7064

CR2E037 (11/98)