

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 3, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45742 (6)

1. Corporation Name

FOREST MEADOWS EAST RESIDENT MANAGEMENT CORPORAT
ION, INC.



Principal Place of Business

Mailing Address

C/O CAROL BAKER
1935 FOREST BLVD., APTS. 18 & 19
JACKSONVILLE FL 32216

C/O CAROL BAKER
1935 FOREST BLVD., APTS. 18 & 19
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified
10/24/1991

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3092194

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, CAROL
1935 FOREST BLVD., #33
JACKSONVILLE FL 32216

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip

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 PD
NAME BAKER, CAROL
STREET ADDRESS 1935 FOREST BLVD., #33
CITY-ST-ZIP JACKSONVILLE FL 32216

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VP
NAME ADAMS, IRMA J
STREET ADDRESS 1935 FOREST BLVD., #7
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T
NAME MERRIWEATHERS, KATIE L
STREET ADDRESS 1935 FOREST BLVD., #12
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME RAMSON, SHIRLEY A
STREET ADDRESS 1935 FOREST BLVD., #22
CITY-ST-ZIP JACKSONVILLE FL 32216

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE CD
NAME CROOMS, SHIRLEY
STREET ADDRESS 1935 FOREST BLVD., #58
CITY-ST-ZIP JACKSONVILLE FL 32216

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE BM
NAME GILES, BEVERLY A
STREET ADDRESS 1935 FOREST BLVD., #17
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Irma J. Adams* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/96

Daytime Phone #

CR2E037 (3/96)