

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N51377** (2)
1. Corporation Name
COMMUNITY ASSOCIATION OF BEAR RUN UNIT 6, INC.



Principal Place of Business P. O. BOX 278 GREEN COVE SPRINGS FL 32043-0278 US	Mailing Address 1242 TAHOE COURT ORANGE PARK FL 32065-6675 US
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3. Date Incorporated or Qualified 10/20/1992	3a. Date of Last Report 03/26/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 59-3260806	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LITTLE, ROBERT C 1242 TAHOE COURT ORANGE PARK FL 32065	10. Name and Address of New Registered Agent 81 Name LAWRENCE MAY 82 Street Address (P.O. Box Number is Not Acceptable) 1250 TAHOE CT 83 84 City ORANGE PARK FL. FL 85 Zip Code 32065
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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 **LAWRENCE MAY President** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITTLE, ROBERT C	1.2 NAME	MAY, LAWRENCE
STREET ADDRESS	1242 TAHOE COURT	1.3 STREET ADDRESS	1250 TAHOE CT
CITY-ST-ZIP	ORANGE PARK FL 32065	1.4 CITY-ST-ZIP	ORANGE PARK FL 32065
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLESPIE, JIM	2.2 NAME	DELANO, Paula
STREET ADDRESS	1324 RUSHING	2.3 STREET ADDRESS	1277 Cutlass Road
CITY-ST-ZIP	ORANGE PARK FL 32065	2.4 CITY-ST-ZIP	ORANGE PARK FL 32065
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, GARY	3.2 NAME	Holtcamp, Mary
STREET ADDRESS	1289 CUTLASS ROAD	3.3 STREET ADDRESS	1270 Cutlass Road
CITY-ST-ZIP	ORANGE PARK FL 32065	3.4 CITY-ST-ZIP	ORANGE PARK FL 32065
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: **LAWRENCE MAY** REQUIRED **4/28/97** **904272024**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E037 (9/96)