


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N93000004789 (4)**

1. Corporation Name

FORT GEORGE ISLAND GOLF ASSOCIATION, INC.



Principal Place of Business 541 VERA DR. JACKSONVILLE FL 32218	Mailing Address 541 VERA DR. JACKSONVILLE FL 32218
--	--

3. Date Incorporated or Qualified 10/18/1993	
4. FEI Number 59-3246633	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 111 FLORIDA BLVD Suite, Apt. #, etc. 22 NEPTUNE BEACH, FL City & State 23 32266 USA Zip Country	2a. Mailing Address 26 111 FLA BLVD Suite, Apt. #, etc. 27 City & State 28 NEPTUNE BEACH, FL Zip Country 29 32266 USA
---	--

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KING, JOHN P 111 FLORIDA BLVD. NEPTUNE BEACH FL 32266

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP D KING, JOHN P 111 FLORIDA BLVD. NEPTUNE BEACH FL 32266	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BARR, ALLEN 10417 PIEDMONT RD. JACKSONVILLE FL 32218	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ELINSKY, CHARLES 3389 CHEYENNE LANE JACKSONVILLE FL 32233	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SEYMOUR, MICHAEL 2771 - 29 MONUMENT ROAD JACKSONVILLE FL 32225	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D GUY, JAMES 5939 ROOSEVELT BLVD., APT. 52 JACKSONVILLE FL 32244	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP D. JENNINGS D. KING 4036 JEBB ISLAND CIRCLE JACKSONVILLE, FLA 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BERRYMAN, JOSEPH 541 VERA DR. JACKSONVILLE FL 32218	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP D HORACE BLACK 11080 HECKSHER DRIVE, FT. GUY. JACKSONVILLE, FLA 32226 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE: _____

CR2E037 (10/97)