

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 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
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DOCUMENT # N94000005866 (8)
1. Corporation Name
EXECUTIVE WAY ASSOCIATION, INC.



Principal Place of Business 1600 INDEPENDENT SQUARE JACKSONVILLE FL 32202 US	Mailing Address 1600 INDEPENDENT SQUARE JACKSONVILLE FL 3202 US
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3. Date Incorporated or Qualified 11/30/1994	
4. FEI Number 59-3309550	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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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 checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SIMON, BERT C
1660 PRUDENTIAL DRIVE
SUITE 203
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERVIN, SYD	1.2 NAME
STREET ADDRESS	1600 INDEPENDENT SQUARE	1.3 STREET ADDRESS
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP
TITLE	DV	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREIS, ROBERT	2.2 NAME
STREET ADDRESS	1600 INDEPENDENT SQUARE	2.3 STREET ADDRESS
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP
TITLE	DST	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVETT, W. RADFORD II	3.2 NAME
STREET ADDRESS	1600 INDEPENDENT SQUARE	3.3 STREET ADDRESS
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP
TITLE		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		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		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
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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: _____ DATE: **2/5/98** **904-354-0668**

CF2E037 (10/97)