

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000002449 (5)**

1. Corporation Name

BRAYWICK OWNER'S ASSOCIATION, INC.



Principal Place of Business: 11330-3 ST. JOHNS INDUSTRIAL PARKWAY JACKSONVILLE FL 32246
Mailing Address: 11330-3 ST. JOHNS INDUSTRIAL PARKWAY JACKSONVILLE FL 32246

3. Date Incorporated or Qualified: **05/19/1995**
3a. Date of Last Report

2. Principal Place of Business: 21 2215 EAST STATE ROAD 200
2a. Mailing Address: 26 P O BOX 1987

4. FEI Number: 59-3314620
Applied For: Not Applicable

Suite, Apt. #, etc. 22
27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State 23 YULEE FL
28 YULEE FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip 24 32097
25 US
29 32097-1987
30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MATOVINA, GREGORY E
8351 WESTPORT RD.
JACKSONVILLE FL 32244

10. Name and Address of New Registered Agent
81 Name: TERRELL J. POWELL
82 Street Address (P.O. Box Number is Not Acceptable): 2215 EAST STATE ROAD 200
83
84 City: YULEE FL 85 Zip Code: 32097

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: *Terrell J. Powell* DATE: 2 Feb 96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MATOVINA, GREGORY E	
STREET ADDRESS	8351 WESTPORT RD.	
CITY - ST - ZIP	JACKSONVILLE FL 32244	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	WATSON, JAMES	
STREET ADDRESS	8351 WESTPORT RD.	
CITY - ST - ZIP	JACKSONVILLE FL 32244	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHRONISTER, CORINNE	
STREET ADDRESS	8351 WESTPORT RD.	
CITY - ST - ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	2955 HARTLEY ROAD SUITE 106A		
1.4 CITY - ST - ZIP	JACKSONVILLE FL 32257		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *Gregory E Matovina* DATE: 2/3/96
Signature and typed or printed name of signing officer or director 904-292-0778
Date Daytime Phone #

CR2E037 (12/95)