


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 18 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000002449 (5)**  
1. Corporation Name  
**BRAYWICK OWNER'S ASSOCIATION, INC.**



Principal Place of Business <b>2215 EAST STATE ROAD 200 YULEE FL 32097 US</b>	Mailing Address <b>P.O. BOX 1987 YULEE FL 32097-1987 US</b>
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3. Date Incorporated or Qualified  
**05/19/1995**

4. FEI Number  
**59-3314620**

Applied For	Not Applicable
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address P O BOX 1987 Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
		<b>US</b>	<b>US</b>

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**TERRELL J. POWELL  
2215 EAST STATE ROAD 200  
YULEE FL 32097**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MATOVNA, GREGORY E</b>	1.2 NAME	<b>GILLIAMSEN, DONALD</b>
STREET ADDRESS	<b>2955 HARTLEY ROAD SUITE 106A</b>	1.3 STREET ADDRESS	<b>9537 THORNABY LANE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>
TITLE	VTD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WATSON, JAMES</b>	2.2 NAME	<b>LEONARD, LINDA</b>
STREET ADDRESS	<b>8351 WESTPORT RD.</b>	2.3 STREET ADDRESS	<b>9508 SOUTHBROOK DRIVE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32244</b>	2.4 CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHRONISTER, CORINNE</b>	3.2 NAME	<b>HERRERA, AGUSTIN</b>
STREET ADDRESS	<b>8351 WESTPORT RD.</b>	3.3 STREET ADDRESS	<b>7429 CARRIAGE SIDE COURT</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32244</b>	3.4 CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>
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 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: Donald Gilliamsen **3/15/98** **904 996 0065**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DONALD GILLIAMSEN, PRESIDENT** Date Daytime Phone # **0000457**

CR2E037 (10/97)