

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 26 1998 8:00am
Secretary of State**

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

DOCUMENT # N96000001687 (0)
1. Corporation Name
GOOSE POND AG, INC.

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|--|--|
| Principal Place of Business 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE FL 32308 | Mailing Address 1801 HERMITAGE BLVD., SUITE 600 TALLAHASSEE FL 32308 |
|--|--|

| | | |
|--|---|---|
| 3. Date Incorporated or Qualified 03/25/1996 | | |
| 4. FEI Number 59-3414409 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 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

**TODD, DAVID E.
1801 HERMITAGE BLVD, STE 100
TALLAHASSEE FL 32308**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | DVAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENNETT, DOUGLAS W | 1.2 NAME | James W. Horton |
| STREET ADDRESS | 1801 HERMITAGE BLVD., SUITE 600 | 1.3 STREET ADDRESS | 1801 Hermitage Blvd., Suite 600 |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | 1.4 CITY-ST-ZIP | Tallahassee, FL 32308 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HORTON, JAMES W | 2.2 NAME | Jeffrey L. Smith |
| STREET ADDRESS | 1801 HERMITAGE BLVD., SUITE 600 | 2.3 STREET ADDRESS | 1801 Hermitage Blvd., Suite 600 |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | 2.4 CITY-ST-ZIP | Tallahassee, FL 32308 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MILLER, TODD A. | 3.2 NAME | Julie A. Koeninger |
| STREET ADDRESS | 1801 HERMITAGE BLVD, STE 100 | 3.3 STREET ADDRESS | 99 High Street, 26th Floor |
| CITY-ST-ZIP | TALLAHASSEE FL | 3.4 CITY-ST-ZIP | Boston, MA 02110-2320 |
| TITLE | P <input type="checkbox"/> DELETE | 4.1 TITLE | VAT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CONRAD, JEFFREY A. | 4.2 NAME | Luanne K. Good |
| STREET ADDRESS | 99 HIGH ST, 28 FLR | 4.3 STREET ADDRESS | 1801 Hermitage Blvd., Suite 600 |
| CITY-ST-ZIP | BOSTON MA | 4.4 CITY-ST-ZIP | Tallahassee, FL 32308 |
| TITLE | V <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCBRIDE, JAMES W. | 5.2 NAME | |
| STREET ADDRESS | 99 HIGH ST, 28 FLR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOSTON MA | 5.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HORGAN, FREDERICK B. | 6.2 NAME | |
| STREET ADDRESS | 99 HIGH ST, 28 FLR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOSTON MA | 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: **Douglas W. Bennett, Director** *[Signature]* 2/26/98 850-488-4406

CP2E037 (10/97)