

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 10 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 # N96000003300 (8)
 1. Corporation Name
SAINT JOHNS SOUTHEAST MASTER ASSOCIATION, INC.



Principal Place of Business 3370 INTERNATIONAL GOLF PKWY ST. AUGUSTINE FL 32092 US	Mailing Address 3370 1 INTERNATIONAL GOLF PKWY ST. AUGUSTINE FL 32092 US
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3. Date Incorporated or Qualified 06/20/1996		
4. FEI Number 59-3392620	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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		

2. Principal Place of Business 21 101 East Town Place Suite, Apt. #, etc. 22 Suite 200 City & State 23 St. Augustine, FL Zip 24 32092	2a. Mailing Address 26 101 East Town Place Suite, Apt. #, etc. 27 Suite 200 City & State 28 St. Augustine, FL Zip 29 32092	Country 25 U.S.	Country 30 U.S.
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9. Name and Address of Current Registered Agent DAVIDSON, JAMES E 2395 INTERNATIONAL GOLF PARKWAY ST. AUGUSTINE FL 32095-8427	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
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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 PD	NAME DAVIDSON, JAMES E JR.	1.1 TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2395 INTERNATIONAL GOLF PARKWAY	CITY-ST-ZIP ST. AUGUSTINE FL 32095-8427	1.2 NAME	1.2 NAME
1.3 STREET ADDRESS 101 East Town Place, Suite 200	1.4 CITY-ST-ZIP St. Augustine, FL 32092	2.1 TITLE	2.1 TITLE
TITLE VD	NAME KELLY, VERNON	2.2 NAME	2.2 NAME
STREET ADDRESS 112 TPC BLVD.	CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	2.3 STREET ADDRESS	2.3 STREET ADDRESS
2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE
TITLE TD	NAME GIL, EDUARDO	3.2 NAME	3.2 NAME
STREET ADDRESS 2395 INTERNATIONAL GOLF PARKWAY	CITY-ST-ZIP ST. AUGUSTINE FL 32095-8427	3.3 STREET ADDRESS 101 East Town Place, Suite 200	3.3 STREET ADDRESS
3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP St. Augustine, FL 32092	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE
TITLE SD	NAME DAVIDSON, SHARON P	4.2 NAME	4.2 NAME
STREET ADDRESS 2395 INTERNATIONAL GOLF PARKWAY	CITY-ST-ZIP ST. AUGUSTINE FL 32095-8427	4.3 STREET ADDRESS 101 East Town Place, Suite 200	4.3 STREET ADDRESS
4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP St. Augustine, FL 32092	5.1 TITLE	5.1 TITLE
5.2 NAME	5.2 NAME	5.3 STREET ADDRESS	5.3 STREET ADDRESS
5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	6.1 TITLE	6.1 TITLE
6.2 NAME	6.2 NAME	6.3 STREET ADDRESS	6.3 STREET ADDRESS
6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.4 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)(l), 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 **7/20/98** Daytime Phone # **904.942.5050**

CR2E037 (5/98)