

FILE NOW: FILING FEE IS \$61.25

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Feb 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 # **N96000004742 (0)**

1. Corporation Name

ST. JOHNS BLUFF PARK PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 11330-1 ST. JOHNS INDUSTRIAL PARKWAY NORTH JACKSONVILLE FL 32246	Mailing Address 11330-1 ST. JOHNS INDUSTRIAL PARKWAY NORTH JACKSONVILLE FL 32246
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3. Date Incorporated or Qualified 09/12/1996
4. FEI Number 59-2966839
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 11196 ST. JOHNS IND. PKY	2a. Mailing Address 26 11330-8 ST. JOHNS IND. PKY.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL.
Zip 24 32246	Country 25 USA
Zip 29 32246	Country 30 USA

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 MICKLER, ROBERT O MARTIN, ADE, BIRCHFIELD & MICKLER, P.A. 3000 INDEPENDENT SQUARE JACKSONVILLE FL 32202	
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10. Name and Address of New Registered Agent 81 Name MEL A. BRYAN	
82 Street Address (P.O. Box Number is Not Acceptable) 11196 ST. JOHNS INDUSTRIAL PARKWAY	
83	
84 City JACKSONVILLE FL	85 Zip Code 32246

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 *[Signature]* DATE **1/26/98**

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TACKEFF, BERTRAM C		1.2 NAME COBB, WILLIAM S.	
STREET ADDRESS 303 GODDARD AVE		1.3 STREET ADDRESS 3900 ST. JOHNS IND. PKY. W.	
CITY-ST-ZIP BROOKLINE MA		1.4 CITY-ST-ZIP JACKSONVILLE, FL. 32246-6673	
TITLE VTD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CURTIS, DOROTHEA M		2.2 NAME MASSEY, ROBERT B., JR.	
STREET ADDRESS 303 GODDARD AVE		2.3 STREET ADDRESS 2434 ATLANTIC BLVD.	
CITY-ST-ZIP BROOKLINE MA		2.4 CITY-ST-ZIP JACKSONVILLE, FL. 32247	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MATHEWS, JOAN S		3.2 NAME BRYAN, MEL A.	
STREET ADDRESS 303 GODDARD AVE		3.3 STREET ADDRESS 11196 ST. JOHNS IND. PKY. S.	
CITY-ST-ZIP BROOKLINE MA		3.4 CITY-ST-ZIP JACKSONVILLE, FL. 32246-6673	
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 *[Signature]* DATE **1/26/98 904-692-0120**

CR2E037 (10/97)