


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000563 (3)**

1. Corporation Name

**SAINT JOHNS RIVER COMMUNITIES IN PARTNERSHIP, IN C.**



Principal Place of Business <b>702 NORTH NINETEENTH STREET PLATKA FL 32177</b>	Mailing Address <b>702 NORTH NINETEENTH STREET PLATKA FL 32177</b>
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3. Date Incorporated or Qualified

**01/31/1997**

4. FEI Number

**31-1520986**

Applied For

Not Applicable

2. Principal Place of Business  
**21 702 North 19th Street**

2a. Mailing Address  
**26 Post Office Box 470-727**

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

22 Suite H

27 Suite, Apt. #, etc.

23 Palatka, Florida

28 Palatka, Florida

24 32177

29 32178-0727

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RYLES, MEVLIN  
702 NORTH NINETEENTH STREET  
PLATKA FL 32177**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

*[Signature]*

**3/4/98**

Signature, typed, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MURRY, HELEN</b>	
STREET ADDRESS	<b>POST OFFICE BOX 93 N/A</b>	
CITY-ST-ZIP	<b>POMONA PARK FL 32181</b>	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MURRAY, HELEN S.</b>
1.3 STREET ADDRESS	<b>111 MURRAY ROAD WEST</b>
1.4 CITY-ST-ZIP	<b>POMONA PARK FL 32181</b>

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FRAZIER, BEVERLY</b>	
STREET ADDRESS	<b>2199 ASTER STREET, UNIT 305</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CUNNINGHAM, ERNESTINE</b>	
STREET ADDRESS	<b>ROUTE 3, BOX 161</b>	
CITY-ST-ZIP	<b>INTERLACHEN FL 32148</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAPPEL, ELSIE</b>	
STREET ADDRESS	<b>POST OFFICE BOX 704 N/A</b>	
CITY-ST-ZIP	<b>BUNNELL FL 32210</b>	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>CHAPPELL, ELSIE</b>
4.3 STREET ADDRESS	<b>80 RAILROAD STREET</b>
4.4 CITY-ST-ZIP	<b>ESPANOLA FL 32210</b>

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROOKS, ROBERT</b>	
STREET ADDRESS	<b>103 POINT PLEASANT DRIVE</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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]*

**3/4/98 (904)325-4930**

CR2E037 (1097)