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**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90032 002 \*\*\*\*70.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000000563**

1. Corporation Name

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

Principal Place of Business

Mailing Address

702 NORTH 19TH STREET  
SUITE H  
~~PLATKA FL 32177~~ PALATKA, FL  
US 32177

P.O. BOX 727  
~~PLATKA FL 32170-0727~~ PALATKA, FL  
US 32178-0490



2. Principal Place of Business

2a. Mailing Address

**21** 702 North 19th St.

**26** P. O. Box 727

3. Date Incorporated or Qualified

**01/31/1997**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22** Suite H

4. FEI Number

**31-1520986**

Applied For

Not Applicable

City & State

City & State

**23** Palatka, Florida

**28** Palatka, Florida

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

Zip Country  
**24** 32177 **25** Putnam

Zip Country  
**29** 32178-0490 **30** Putnam

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RYLES, MEVLYN**  
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, typed or 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>MURRAY, HELEN S.</b>	
STREET ADDRESS	<b>111 MURRAY ROAD WEST</b>	
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>	
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>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAPPEL, ELSIE</b>	
STREET ADDRESS	<b>80 RAILROAD STREET</b>	
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>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Beverly Frazier, Vice Chair</b>
6.3 STREET ADDRESS	<b>2199 Aster Street Unit 305</b>
6.4 CITY-ST-ZIP	<b>Orange Park, FL 32073</b>

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, with all other like empowered.

SIGNATURE:

*[Signature]* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/11/99*  
Date

Daytime Phone #

CR2E037 (1/98)