

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)

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 FEB -4 PM 12:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N97000005348 (4)
 1. Corporation Name
 SECTION 6 PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 9955 NW 116 WAY MEDLEY FL 33178		Mailing Address 9955 NW 116 WAY MEDLEY FL 33178		3. Date Incorporated or Qualified 09/12/1997
2. Principal Place of Business 21		2a. Mailing Address 26 1650 Prudential Drive		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 Suite 400		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
City & State 23		City & State 28 Jacksonville, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 32207	Country 30	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Name and Address of Current Registered Agent PAINE, LAWRENCE 9955 NW 116 WAY MEDLEY FL 33178				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

8. Name and Address of Current Registered Agent PAINE, LAWRENCE 9955 NW 116 WAY MEDLEY FL 33178				10. Name and Address of New Registered Agent	
B1 Name PAINE, LAWRENCE		B2 Street Address (P.O. Box Number is Not Acceptable) 1650 PRUDENTIAL DRIVE		B3 SUITE 400	
B4 City JACKSONVILLE		FL		B5 Zip Code 32207	

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	<input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	WILLIAM L. MASON
STREET ADDRESS		1.3 STREET ADDRESS	1650 PRUDENTIAL DRIVE, SUITE 400
CITY-ST-ZIP		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	G. JOHN CAREY
STREET ADDRESS		2.3 STREET ADDRESS	1650 PRUDENTIAL DR, STE 400
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DAVID D. RITCH
STREET ADDRESS		3.3 STREET ADDRESS	1650 PRUDENTIAL DR, STE 400
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
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: William L. Mason WILLIAM L. MASON 9/14/98 (904) 858-2727
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0012618

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