

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

05-13-1999 90029 013 ****61.25
N9700005348

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 15 AM 11:05

DOCUMENT # N970000 05348
1. Corporation Name
SECTION 6 PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1650 PRUDENTIAL DRIVE SUITE 400 JACKSONVILLE, FL 32207	1650 PRUDENTIAL DRIVE SUITE 400 JACKSONVILLE, FL 32207

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.	09/12/1997
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	Applied For
24 Country	29 Country	Not Applicable
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

9. Name and Address of Current Registered Agent
PAINE, LAWRENCE
1650 PRUDENTIAL DRIVE
SUITE 400
JACKSONVILLE, FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITCH, DAVID D.	1.2 NAME	
STREET ADDRESS	1650 PRUDENTIAL DR., STE 400	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207 <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM L. MASON	2.2 NAME	
STREET ADDRESS	1650 PRUDENTIAL DR., STE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207 <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, G. JOHN, III	3.2 NAME	
STREET ADDRESS	1650 PRUDENTIAL DR., STE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207 <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *J. John Carey* 4/19/99 904.858.2718
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Disting Phone #

CR2E037 (11/98)