

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90112 015 ****61.50

DOCUMENT # N97000005348

1. Entity Name

SECTION 6 PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business 1650 PRUDENTIAL DRIVE SUITE 400 JACKSONVILLE FL 32207	Mailing Address 1650 PRUDENTIAL DRIVE SUITE 400 JACKSONVILLE FL 32207-8166
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2. Principal Place of Business 10199 Southside Blvd Suite, Apt. #, etc. Suite 108 City & State Jacksonville FL Zip 32256 Country U.S.	3. Mailing Address 10199 Southside Blvd Suite, Apt. #, etc. Suite 108 - Legal Dept. City & State Jacksonville FL Zip 32256 Country U.S.
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DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PAINE, LAWRENCE
 1650 PRUDENTIAL DRIVE
 SUITE 400
 JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
 Name **Karl B. Hanson, III**
 Street Address (P.O. Box Number is Not Acceptable) **10199 Southside Blvd Suite 108**
 City **Jacksonville** FL Zip Code **32256**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Karl B. Hanson, III* **Karl B. Hanson, III** **4-18-00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FITCH, DAVID D 1650 PRUDENTIAL DR., STE 400 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MASON, WILLIAM L 1650 PRUDENTIAL DR., STE 400 JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAREY, G. JOHN III 1650 PRUDENTIAL DR., STE 400 JACKSONVILLE FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P G. John Carey, III 10199 Southside Blvd., #108 Jacksonville, FL 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Lewis W. Graham 10199 Southside Blvd., #108 Jacksonville, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Karl B. Hanson, III 10199 Southside Blvd., #108 Jacksonville, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Heidi J. Eddins One Malaga Street St. Augustine, FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Susan G. Whitlatch 1650 Prudential Drive, #400 Jacksonville, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan G. Whitlatch* **Susan G. Whitlatch** **4-28-00 (904) 858-5236**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #