

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005865 (7)**

1. Corporation Name

**LCPS MANAGEMENT, INC.**

Principal Place of Business

**1000 VICAR'S LANDING WAY  
PONTE VEDRA BEACH FL 32082**

Mailing Address

**1000 VICAR'S LANDING WAY  
PONTE VEDRA BEACH FL 32082**

**FILED**

**98 JUN -5 PM 4:16**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/17/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3474336	
24 Country		29 Country		Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
JOHNSON, RAYMOND M				8.75 Additional Fee Required	
1000 VICAR'S LANDING WAY				6. Election Campaign Financing	
PONTE VEDRA BEACH FL 32082				Trust Fund Contribution	
				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	
				10. Name and Address of New Registered Agent	
				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	D	1.1 TITLE	CD
NAME	COOPER, JAMES H	1.2 NAME	
STREET ADDRESS	1000 VICAR'S LANDING WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	DD
NAME	JOHNSON, RAYMOND M	2.2 NAME	
STREET ADDRESS	1000 VICAR'S LANDING WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	TAYLOR, JOSEPH S	3.2 NAME	
STREET ADDRESS	1000 VICAR'S LANDING WAY	3.3 STREET ADDRESS	10000255515.1--5
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	3.4 CITY-ST-ZIP	-06/10/98--01082--004
TITLE	TD	4.1 TITLE	***61.25 ***61.25
NAME	ROBERT GORAB	4.2 NAME	
STREET ADDRESS	555 LAKE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	
NAME	JOAN FARRELL	5.2 NAME	
STREET ADDRESS	8134 SEVEN MILE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	5.4 CITY-ST-ZIP	
TITLE	VPD	6.1 TITLE	
NAME	ROBERT RIEGEL	6.2 NAME	
STREET ADDRESS	7047 CYPRESS BRIDGE DR S.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	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:

*Joan Farrell*

4/28/98

904 273 1701

CR2E037 (10/97)